PUBLIC HEALTH AGENCY *of* CANADA

Atlantic Region

Preventing Diabetes: A Scan of Healthy Eating and Physical Activity Initiatives in Atlantic Canada

Public Health Agency of Canada
Agence de la santé publique du Canada

Canada

Preventing Diabetes: A Scan of Healthy Eating and Physical Activity Initiatives in Atlantic Canada

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Prepared for
Public Health Agency of Canada
Atlantic Regional Office

October 2006

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Également disponible en français sous le titre Prévenir le diabète : Une analyse des initiatives pour une saine alimentation et l'activité physique au Canada atlantique.

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ACKNOWLEDGEMENTS

The author is indebted to the many stakeholders who provided information for the inventory and to the key informants interviewed for this report. The author also wishes to acknowledge the contribution of staff of the Public Health Agency of Canada, Atlantic Regional Office – Rhonda Dean, Program Consultant to the Diabetes Scan, and Fiona Chin-Yee, Manager, Population Health – as well as the members of the Project Advisory Committee who gave of their time and expertise to guide the project, provide contact people for the scan, and offer advice on the report.

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EXECUTIVE SUMMARY

Diabetes is a major public health issue in Canada and around the world. Over 2 million Canadians are estimated to knowingly or unknowingly have diabetes, and 180 million people worldwide have been diagnosed with the condition. Because of the serious potential health consequences and escalating prevalence of diabetes, it is critical that strategies be undertaken to reduce the rates of, and the factors which contribute to, the disease.

In 2000, the Public Health Agency of Canada, Atlantic Regional Office, (PHAC Atlantic), undertook an environmental scan of diabetes prevention programs existing in the Atlantic region to be used as a foundation for planning. Since the environment has changed significantly since then, a second scan was commissioned in 2006 to update the information collected in 2000. This report reflects the results of this review and includes the following:

- an introduction to the concept of a population health approach;
- an examination of the risk factors related to diabetes;
- details of the methodology used to conduct the scan;
- an overview of key strategies undertaken by provincial governments and their partners to address healthy eating and physical activity;
- a description of current programs, services, activities, and initiatives to address healthy eating and active living offered in the Atlantic region, including an inventory of programs by province;
- an analysis of trends occurring since 2000; and
- an assessment of gaps, challenges, lessons learned, and opportunities, as well as recommendations on how stakeholders can work together regionally to prevent diabetes.

In Atlantic Canada, active living and healthy eating form two of the primary pillars of all provincial health promotion strategies. These strategies share common elements and use a population health approach to achieve change. Each province works with strong, broad-based coalitions or alliances which are comprised of community organizations and individuals who share a common vision and interest in promoting healthy eating and physical activity. These active living and healthy eating alliances have been instrumental in influencing the development of strategies and are key partners in their implementation. The formation of these alliances and the development of provincial strategies are significant developments since 2000.

A range of complementary strategies is also under way at the national, Atlantic-wide, provincial, regional, and community levels which contribute to diabetes prevention and the promotion of healthy eating and active living, and these are identified in the report as well.

Unlike the findings of the last scan, most of the activities reported in this scan are based on population-wide approaches (as opposed to interventions with individuals), or have the potential to be with sufficient funding. This is particularly evident in the nutrition/healthy eating area with the introduction of province-wide healthy eating strategies within each province. It appears, compared to the 2000 scan, that greater emphasis has been placed by diabetes-specific organizations on targeting the pre-diabetes population with education and supports to develop healthy lifestyles, in addition to their primary prevention efforts.

In 2000, services and programs in the area of healthy eating and active living fell largely within two separate and distinct groups – public health/health/nutrition and recreation/sport. With the advent of chronic disease prevention frameworks, an increased focus on the prevention of type 2 diabetes and other chronic diseases, and increased emphasis on health promotion, it became apparent that a focused strategy required much more coordination between these two groups, particularly given that obesity (which is influenced by poor nutrition and a sedentary lifestyle) is a significant factor for diabetes and other chronic diseases.

The 2006 report finds much greater coordination and integration of efforts to promote healthy living than existed in 2000. There is evidence of more healthy eating initiatives, government leadership, extensive and structured partnerships, population health approaches, determinants of health addressed, and evaluation, as well as a greater focus on children and seniors. Key approaches are also described in the report; partnership development, public education, and creating supportive environments are the most common.

Respondents, both by survey and telephone interview, were asked to offer their perspective regarding gaps, challenges, lessons learned, and opportunities to move forward to carry out work in the area of diabetes prevention. While there is a much greater sense of optimism among respondents in this scan, long-term sustainable funding at a sufficient level is the most significant constraint affecting the degree of future progress in this area. The greatest opportunities cited by respondents are the commitments of governments to act on physical inactivity and unhealthy eating – the two key risk factors for diabetes – and the solid foundation for intersectoral action provided by the extensive network of partners participating in the active living and healthy eating alliances. Indeed, partnership has proven to be a critical success factor in ensuring organizations achieve their common goals in this area. There appears to be greater coordination and structure among stakeholders and more effort to coordinate activities, policies, programs, and action plans into one coherent, strategic direction.

A series of recommendations were generated for this document addressing sustainable funding, access to and promotion of programs, strategic leadership and coordination, partnership, targeted areas for action, supportive policy and programs, and evidence-based decision making/knowledge development and exchange. They can be summarized as follows:

1. Sustainable Funding

- Increase efforts to provide sustainable funding in sufficient levels to those involved in the implementation and delivery of healthy eating and physical activity strategies/programs on a population-wide basis in order achieve the intended outcomes.
- Support building of the basic infrastructure to implement physical activity and healthy eating strategies, both in terms of human resources and financial and physical plant/facilities, as necessary. Particular needs include building sufficient infrastructure (equipment, spaces, and facilities) and increasing capacity (positions at the provincial and community levels) to support an increased focus on health promotion and wellness.

2. Access To And Promotion Of Programs

- Encourage steps to improve the availability of programs so that all members of the population can access services regardless of geographic location, or other barriers. Provide assistance with promotion of the programs so that the population is aware of the services available.

3. **Strategic Leadership And Coordination**

- Provide leadership, direction, and support at multiple levels to ensure an integrated, coordinated approach. Alignment of efforts and strategic planning within the region will help identify areas for action best suited to PHAC Atlantic and to each key stakeholder. Some activities are costly and/or apply equally to all jurisdictions (e.g., social marketing campaigns) and perhaps provinces/healthy living alliances could benefit by working together with PHAC Atlantic to coordinate efforts in these areas. A vast number of initiatives are under way at the national, Atlantic-wide, provincial, regional and local levels, and it is difficult to ensure stakeholders within the region are informed of developments in order to coordinate efforts, provide complementary services, and avoid duplication.

4. **Partnership**

- Continue to support/enhance the partnership networks of the healthy eating and active living alliances in recognition of the potential impact of collaboration and the need for intersectoral approaches. Partnerships between the government, community groups and alliances are critical to moving the agenda forward.
- Build partnerships with other key sectors, particularly the food/agricultural industry, which have a contribution to make in promoting healthy eating and active living and which appear underrepresented in this scan. Seek out ways to address barriers and more fully engage existing partners where necessary.
- Strengthen the level of collaboration between diabetes initiatives and healthy eating/physical activity groups, as well as with initiatives related to other diseases with the same risk factors. Ensure funding allocation mechanisms support this approach.

5. **Targeted Areas For Action**

- Children and youth: Continue to focus on school-aged children and youth to help ensure the adoption of life-long healthy eating and active living practices.
- Food Security: Enhance efforts to ensure the availability of nutritious affordable food for low-income groups. The degree to which the reach of other programs extends to low-income and rural groups is also not clear, given the uneven accessibility of programs generally, and more work may be necessary to explore this sub-population, given the socio-economic status of the region as a whole.
- African-Canadian, ethno-cultural, and other communities: Examine need and opportunities for working with African-Canadian and other ethno-cultural communities in the promotion of healthy eating and physical activity. Build on initiatives such as the diversity and social inclusion initiative in primary health care as a model for action. Explore gaps in services targeted to particular sub-populations in various jurisdictions.
- Seniors: While more programs have targeted seniors, this is a population that will continue to need sustained focus, given the aging demographics of the region's population.
- The family: The family unit as a whole also merits attention since healthy eating and physical activity patterns are also influenced and shaped within the family context.

6. Supportive Policy And Programs

- Continue efforts to address the risk factors of obesity, unhealthy eating and physical inactivity with the creation of supportive policy and program environments across multiple sectors. Continue to use a broad range of approaches to achieve outcomes.

7. Evidence-Based Decision Making, Knowledge Development And Exchange

- Ensure programs and initiatives have an evaluative component built into their work so as to provide the evidence needed for what works and what does not.
- Establish mechanisms for sharing information about programs offered in the region, research and evaluation results (in easy-to-use form), and best practices. Also explore other mechanisms to share information, network, and build partnerships on an Atlantic-wide basis so as to avoid duplication of effort. Consider establishment of a clearinghouse to maintain a body of literature – evaluation, research, programs, environmental scans, and the like that are relevant to the region.
- Assist in the development of links with the research community.

SECTION 1

INTRODUCTION

1.1 WHAT IS DIABETES?

Diabetes is a chronic condition that results from the body's inability to sufficiently produce and/or properly use insulin. Insulin, a hormone secreted from beta cells in the pancreas, assists with the conversion of glucose into energy. Without insulin, the cells of the body, primarily in muscle, fat, and liver tissue, cannot absorb sufficient glucose from the bloodstream. Chronic high levels of blood glucose can result in long-term damage, leading to the dysfunction and failure of various organs, such as the kidneys, eyes, nerves, heart, and blood vessels. Complications in these organs can lead to death.[1] (See *A Diabetes Primer* in Appendix A for more detail).

1.2 IMPACT OF THE DISEASE

Diabetes is a major public health issue in Canada and around the world. The World Health Organization estimates that there are 180 million people worldwide with diabetes, a number it estimates will more than double by 2030.[2] Over 2 million Canadians are estimated to knowingly or unknowingly have diabetes, and this number is expected to increase as a result of an aging population, rising obesity rates, and other factors which contribute to diabetes.[3] Costs to the Canadian health care system are estimated at between $9 billion[4] and $13.2 billion[5] per year. Atlantic Canada has higher than average rates of diabetes in the population aged 12 and over: 6.8% in Newfoundland and Labrador, 6.3% in Prince Edward Island, 6.7% in Nova Scotia, and 6% in New Brunswick, compared to the national average of 4.9%.[6] Because of the serious potential health consequences and escalating prevalence of diabetes, it is critical that strategies be undertaken to reduce the rates of, and the factors which contribute to, the disease.

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[1] Health Canada, *Diabetes in Canada (Second Edition)*, Centre for Chronic Disease Prevention and Control, Population and Public Health Branch, 2002, available at www.phac-aspc.gc.ca/publicat/dic-dac2/pdf/dic-dac2_en.pdf

[2] World Health Organization, *Diabetes Fact Sheet*, 2006, available at www.who.int/mediacentre/factsheets/fs312/en

[3] Canadian Diabetes Association, "The Prevalence and Costs of Diabetes," web site, www.diabetes.ca/Section_about/prevalence.asp

[4] Public Health Agency of Canada, "Diabetes Facts and Figures," web site, www.phac-aspc.gc.ca/ccdpc-cpcmc/diabetes-diabete/english/facts/index.html

[5] Canadian Diabetes Association, op.cit.

[6] Statistics Canada, Canadian Community Health Survey, 2005.

1.3 THE FEDERAL GOVERNMENT'S RESPONSE

In 1999, Health Canada invested $115 million in the five-year Canadian Diabetes Strategy (CDS) which was predicated on the belief that a national coordinated approach involving all levels of government, non-governmental organizations (NGOs), Aboriginal organizations, communities, and individuals was required to address this health issue.

The Prevention and Promotion Contribution Program (PPCP), one of four components of the Canadian Diabetes Strategy, was launched in April 2000 and was slated to end in March 2004, but received an extension to March 2005. The objectives of the PPCP were:

- to raise public awareness about diabetes, its risk factors, and its complications;
- to promote behaviours and skills to reduce the incidence and prevalence of diabetes; and
- to focus on community capacity building to engage at-risk populations in diabetes prevention efforts.

In Atlantic Canada between 2000 and 2005, over $2 million was provided to fund 32 community-based initiatives under the Diabetes PPCP.

The CDS was renewed in 2005 under a larger strategy known as the Strategy on Healthy Living and Chronic Disease (SHLCD). The diabetes component of the SHLCD is still called the CDS and is intended to positively influence individual and community capacity as well as organizational and provider capacity within the health system. Enhanced capacity at various levels is expected to contribute to healthier public policies and more integrated, evidence-based, and responsive health systems.

1.4 KNOWLEDGE DEVELOPMENT

In 2000, PHAC Atlantic's predecessor, the Atlantic Regional Office of the Population and Public Health Branch of Health Canada, commissioned an environmental scan, *Preventing Diabetes in Atlantic Canada*,[7] to collect information on the range of diabetes prevention programs existing in the Atlantic region. Two other relevant reports were also commissioned: an analysis of epidemiological data relating to diabetes in Atlantic Canada, *A Diabetes Profile of Atlantic Canada* (2000),[8] and a report on the relationship between chronic disease and social inequity in Atlantic Canada, *The Tides of Change: Addressing Inequity and Chronic Disease in Atlantic Canada: A Discussion Paper* (2003).[9]

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[7] Susan Lilley, *Preventing Diabetes in Atlantic Canada*, prepared for the Atlantic Regional Office, Population and Public Health Branch, Health Canada, Halifax, 2000.

[8] Dalhousie University, *A Diabetes Profile of Atlantic Canada*, Population Health Research Unit, Department of Community Health and Epidemiology, Halifax, 2000.

[9] Karen Hayward and Ronald Colman, GPI Atlantic, *The Tides of Change: Addressing Inequity and Chronic Disease in Atlantic Canada: A Discussion Paper*, prepared for the Atlantic Regional Office, Population and Public Health Branch, Health Canada, Halifax, 2003.

In 2006, PHAC Atlantic commissioned a second environmental scan of diabetes prevention programs to update the work of the prior scan. This document summarizes the results of this scan and includes the following:

- an introduction to the concept of a population health approach;
- an overview of the risk factors associated with diabetes;
- current programs, services, activities, and initiatives to prevent diabetes in the region, including an inventory of programs by province;
- an overview of key strategies undertaken by provinces and partners (committees or alliances) to prevent diabetes and address the two primary modifiable risk factors for diabetes – unhealthy eating and physical inactivity;
- an analysis of trends occurring since 2000;
- an assessment of gaps, challenges, lessons learned, and opportunities; and
- recommendations on how stakeholders can work together regionally to prevent diabetes and therefore reduce the negative impact of the disease.

SECTION 2

INTRODUCTION TO A POPULATION HEALTH APPROACH

2.1 WHAT IS A POPULATION HEALTH APPROACH?

The population health approach integrates action on a broad range of determinants that affect the health of all Canadians.[10] A population health approach "addresses the entire range of individual and collective factors that determine health. Population health strategies are designed to affect whole groups or populations of people. The overarching goals of a population health approach are to maintain and improve the health status of the entire population and to reduce inequities in health status between population groups."[11]

Instead of addressing health by treating people on an individual basis once they become ill, population health strategies focus on the health of an entire population through broad-based preventive approaches that take into account the determinants of health. A population health approach is necessary to understanding the complex interplay of individual, family, community, and societal forces and factors which influence health.

Strategies for promoting population health include building healthy public policy, creating supportive environments, strengthening community action, developing personal skills, and reorienting health services.[12]

2.2 WHAT ARE THE DETERMINANTS OF HEALTH?

The determinants of health are the factors and conditions which interact with each other to influence health. They are income and social status, social support networks, education, employment and working conditions, social environments, physical environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, health services, gender, and culture. (See Appendix B for a description of each determinant.) Actions to prevent diabetes need to address a number of these determinants.

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[10] Public Health Agency of Canada, Population Health web site, http://www.phac-aspc.gc.ca/ph-sp/phdd/approach/index.html

[11] Health Canada, op.cit., p.2.

[12] World Health Organization, *The Ottawa Charter for Health Promotion*, First International Conference on Health Promotion, Ottawa, November 21, 1986, http://www.who.int/healthpromotion/conferences/previous/ottawa/en/index.html.

2.3 THE IMPACT OF SOCIAL AND ECONOMIC EXCLUSION ON DIABETES

PHAC Atlantic has adopted a social and economic inclusion lens through which public policy (and the array of services and program responses available) can be analyzed on a population-wide basis to determine the relationship between social and economic exclusion and disease.[13] This type of exploration identifies the links between poverty and socio-economic marginalization and the prevalence of diabetes. For example, poor nutrition and low physical activity levels are known to contribute to the incidence of diabetes. People with low incomes may be unable to provide nutritious meals for their families and may not be able to afford fees to enable them or their children to participate in physical activities. This document will explore these kinds of linkages in its analysis of diabetes prevention initiatives in Atlantic Canada from the perspective of social and economic inclusion.

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[13] Malcolm Shookner, Population Health Research Unit, Dalhousie University, and the Social Inclusion Reference Group, *An Inclusion Lens: Workbook for Looking at Social and Economic Exclusion and Inclusion*, prepared for the Atlantic Regional Office, Population and Public Health Branch, Health Canada, Halifax, 2002.

SECTION 3

RISK FACTORS: THE RELATIONSHIP OF HEALTHY EATING AND PHYSICAL ACTIVITY TO DIABETES PREVENTION

Physical inactivity and unhealthy eating, which lead to obesity, have been found to be primary risk factors for type 2 diabetes. They are also contributing factors to a number of other chronic diseases.

3.1 PHYSICAL ACTIVITY AND DIABETES

Although physical activity is known to provide a number of health benefits, over 60% of Atlantic Canadians do not exercise enough to experience those benefits.[14] The Canadian Diabetes Association cites studies that indicated people at risk of type 2 diabetes were able to cut the likelihood of developing the disease 58% by exercising moderately for 30 minutes a day and by losing 5-7% of their body weight. This was especially helpful in people over 60, where the risk decreased by almost 71%.[15]

3.2 THE COSTS OF PHYSICAL INACTIVITY AND OBESITY IN NOVA SCOTIA

According to GPI Atlantic studies examining the costs of physical inactivity and obesity in Nova Scotia, the direct and indirect costs of physical inactivity within the province were calculated at $354 million annually,[16] while the costs of obesity were estimated at more than $250 million per year in addition to $120 million in direct health costs.[17] Excerpts of these studies appear in Appendix C. No similar estimates are available for the other Atlantic provinces.

3.3 THE RELATIONSHIP OF SOCIAL INEQUITY TO CHRONIC DISEASE

A number of factors interact to influence health, including physical, social, psychological, and economic determinants. Health inequities stem from systems that impact these factors, especially social and economic aspects, which can be changed.

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[14] Canadian Fitness and Lifestyle Research Centre, *Physical Activity Monitors and Surveys*, available at www.cflri.ca/eng/statistics/surveys.

[15] Canadian Diabetes Association, op.cit.

[16] Ronald Colman, GPI Atlantic, *The Costs of Physical Inactivity in Nova Scotia*, Halifax, 2002.

[17] Ronald Colman, GPI Atlantic, *The Cost of Chronic Disease in Nova Scotia*, prepared for the Unit for Chronic Disease Prevention and Population Health, Department of Community Health and Epidemiology, Faculty of Medicine, Dalhousie University, and Atlantic Regional Office, Population and Public Health Branch, Health Canada, Halifax, 2002.

Strategies should therefore focus on these factors and systems to reduce health inequities at the greatest level.

Groups experiencing inequities suffer from higher rates of chronic disease. Atlantic Canada has more social, economic, and health inequities and higher rates of chronic disease than the rest of Canada.[18]

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[18] Hayward and Colman, op.cit., p.16.

SECTION 4

PROCESS

This section outlines the methods used to conduct the scan, the scope of the scan, and limitations associated with the data collected.

4.1 METHODS

The data collection process involved two main steps:

- Stakeholder Inventory – a self-administered survey was designed and distributed to stakeholders asking them to describe any programs or initiatives they had for inclusion in the inventory. (The survey form can be found in Appendix D.)
- Key Informant Interviews – the same survey was used as a semi-structured interview guide with key informants to provide an opportunity for them to describe their strategies or initiatives from a broad provincial or regional perspective, how individual programs fit within their overall strategy, to describe any further detail not provided on the survey responses, and to identify lead contacts for each key piece of their initiatives. The key informant interviews also enabled the collection of critical information on gaps, challenges, and opportunities that may not have been included in the survey responses and allowed for a greater range of discussion. This was to provide a secondary means of obtaining information from those well-positioned to comment and to ensure their reflections were captured in the analysis.

The survey instrument was adapted from the Healthy Eating and Active Living (HEAL) database of the Atlantic Health Promotion Research Centre,[19] information from the PHAC Diabetes Prevention and Promotion Contribution Program (PPCP), as well as from the survey used in the 2000 scan documented in *Preventing Diabetes in Atlantic Canada*, in order to enable comparisons with the prior scan results where possible.

An initial list of stakeholders and key informants was prepared, derived from the HEAL database, past recipients under the Diabetes PPCP, and the Project Advisory Committee members. Key informants included government policy makers, healthy eating or active living committee/alliance chairs, Project Advisory Committee members, and others with a leadership position relevant to the project. In order to ensure inclusion of as many relevant projects as possible, survey recipients were asked to identify other contacts and/or directly forward the survey to others they thought ought to be included in the inventory. A similar referral process was used during the interviews with key informants, and these other identified stakeholders were contacted.

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[19] The HEAL Database and Policy Scan was undertaken by the Atlantic Health Promotion Research Centre (AHPRC) to identify policies, programs, and initiatives that promote healthy eating and active living across Canada. These data are housed in a publicly accessible and searchable Healthy Eating and Active Living (HEAL) database available at www.ahprc.dal.ca/heal/index.cfm.

The survey was distributed to potential stakeholders who were asked to complete and submit it for inclusion in the inventory. This was to ensure respondents were comfortable with the way in which their program was described. The survey was distributed via email or fax the week of May 22-26, 2006. Respondents were initially given two weeks to respond (up to June 9, 2006), although responses received up to July 21, 2006 were included. Project Advisory Committee members sent an email to potential respondents encouraging them to respond to the survey. Stakeholders not responding were also contacted by telephone to encourage completion of the survey in writing or by telephone interview.

Key informant interviews were conducted from mid-June to early July 2006. At least two key informants (and usually between three and five) in each province were interviewed. These informants provided critical information about their programs and strategy documents. Project Advisory Committee members had the opportunity to provide input via interview, survey, and review of the report.

4.2 SCOPE

Consistent with the scope of the 2000 scan, this project was designed to capture information at the Atlantic-wide, provincial, and regional levels. Data about regional school board initiatives or district health authority activities, for example, were included. Due to time restrictions, this scan was not targeted at information at the local community level unless the project was intended as a pilot to be expanded regionally or provincially.

In undertaking this scan, emphasis was placed on collecting data from organizations operating from within Atlantic Canada. It is acknowledged that national and international organizations are working in the region and have an impact on the activities undertaken in the area. Several initiatives operating in Atlantic Canada under the aegis of national organizations were reported in this survey; however, the reader is cautioned that this list is by no means complete. The reader is directed to Appendix E for a list of national-level physical activity initiatives. An overview of Government of Canada nutrition/healthy eating initiatives is provided in Appendix F. Scans of both active living programs and healthy eating initiatives across Canada have been undertaken by several different organizations; some are listed in Appendix G, along with a list of related web sites.

Businesses were also not specifically sought out for inclusion in this report, and consequently this sector is not reflected here.

Within this framework, given these limitations, a special effort was made to contact representatives of groups such as immigrant communities, African Canadians, Francophones, persons with a disability, and those living in rural and remote communities, in order to include services and programs available to those communities. However, this report does not claim to include all initiatives that may be undertaken in these communities. Further, as there is a separate initiative devoted solely to diabetes in the Aboriginal population, this scan does not include efforts undertaken in Aboriginal communities, unless supplied by a respondent.

The focus of the scan was on initiatives related to healthy eating and physical activity reflecting the two primary modifiable risk factors for diabetes. It did **not** include smoking cessation, addictions prevention, or other health promotion activities. While these activities are important contributors to healthy lifestyles and chronic disease prevention, they go beyond the two key modifiable factors related to the prevention of diabetes and would make the scan too broad and unmanageable.

Similarly, this scan does not reflect the range of sport-related programs under way in each jurisdiction. However, it is important to acknowledge that there is some cross-promotion between the two areas – sport programs contribute to physical activity and physical activity programs contribute to sport. Programs designed to encourage active living exist along a continuum of physical activity with programs designed to support sport participation, competitive sport, and high performance sport.

PHAC Atlantic has recently completed a scan of food security initiatives and programs existing in Atlantic Canada. As a result, while many food security initiatives could be included in this scan as it pertains to the promotion of healthy eating, this inventory did not set out to duplicate that work.[20]

Since the scan placed emphasis on current or planned initiatives and programs, time-limited projects were also excluded. To be sure, these projects have made an important contribution to diabetes prevention in the region. PHAC Atlantic, through its Diabetes PPCP, has supported a variety of time-limited projects, a summary of which can be found on the PHAC Atlantic web site at www.atlantic.phac.gc.ca, along with other resources, such as the Diabetes PCPP newsletter *Projects Plus*.

Lastly, this scan did not target treatment. Nevertheless, the inventory does include some pre-diabetes and treatment initiatives, because respondents reported them. However, the reader is cautioned that this report does not present a complete picture of the full range of diabetes treatment programs in Atlantic Canada.

In summary, the following criteria were used to target organizations and activities for inclusion in this scan:

- organizations that are based in Atlantic Canada;
- activities that took place on an Atlantic-wide, provincial, or regional basis (within a province);

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[20] Readers are encouraged to review the document *Healthier Food, Healthier People Project: A Joint Initiative* (2006) for a more extensive overview of food security issues and initiatives within Atlantic Canada.

- activities that focused on physical activity or healthy eating, or were specifically designated as diabetes prevention; and
- programs that are currently under way or planned.

4.3 LIMITATIONS

This scan does not purport to include all initiatives, programs, or services related to diabetes prevention in Atlantic Canada. It does, however, provide a thorough overview of the key strategies adopted by governments within the region and a substantial collection of programs and initiatives undertaken throughout Atlantic Canada by Atlantic-wide, provincial, regional, and community-based service providers/key stakeholders.

The author is aware of initiatives which were not included in the scan since a survey was not completed about the program or initiative. There is an attempt to reflect the existence of these types of programs in the analysis section of the report. Of course, there are also programs in existence of which the author was not aware.

Secondly, responses to two questions on the survey involved some interpretation by the respondent. Respondents were required in question 9 to indicate the determinants of health which their project is addressing, and a list of the 12 determinants was provided with definitions. Responses therefore reflect the judgment and knowledge of the respondent about the determinants. Question 10 asked respondents to identify the principal approach(es) taken, which again required respondents to have a common understanding of the categories of response. A definition was provided on the form for the approach category thought to be most problematic, that being community capacity building. No attempt has been made by the author to assess the appropriateness of the responses (that is, the "fit" of the program with either the determinants or approaches identified).

Thirdly, respondents were asked to comment on what they saw as gaps, challenges, lessons learned, and opportunities to move forward to carry out work in this area. Although most (approximately 75%) did respond to this question, some did not. This was likely due to the more onerous requirement to provide narrative text. It is important to note that because of the potential sensitivity of the question, to increase the comfort level of the participant, instructions on the survey informed respondents that their responses would be grouped with other responses in a summary report and comments would not be attributed to any individual or agency. Analysis is therefore limited to the comments provided by survey respondents and to those from interviews.

Fourthly, even among those agencies responding, not all their programs are reflected. Some provided a summary of programs rather than a detailed description; others provided only those they considered to be most relevant, as all or most of their activities address one or both of the key modifiable risk factors. It was often difficult for organizations to choose what to report.

SECTION 5

HEALTHY EATING AND PHYSICAL ACTIVITY STRATEGIES IN ATLANTIC CANADA

Each provincial government has adopted strategies which address healthy eating and physical activity as two of their priorities for health promotion. They also work with strong, broad-based coalitions or alliances which are comprised of community organizations (health charities, professional organizations, non-profit groups, recreation associations, and others) and individuals who share a common vision and interest in promoting healthy eating and physical activity. Government representatives participate in these alliances in varying capacities. The principal strategies addressing healthy eating and active living adopted by each of the four provincial governments, and their primary alliance partners, are reflected in the following table.

Table 1

PROVINCIAL HEALTHY LIVING STRATEGIES IN ATLANTIC CANADA		
Province	**Alliance Partners**	**Strategies**
Newfoundland and Labrador	Newfoundland and Labrador Coalition for Active Living	Provincial Wellness Plan – released March 2006 www.health.gov.nl.ca/health/publications/2006/wellness-document.pdf
Prince Edward Island	PEI Active Living Alliance Prince Edward Island Healthy Eating Alliance Prince Edward Island Tobacco Reduction Alliance	Prince Edward Island Strategy for Healthy Living includes: - Physical Activity Strategy - Healthy Eating Strategy Healthy Eating Strategy for Island Children and Youth 2002-05 (A new strategy is being finalized for 2006-07) www.gov.pe.ca/go/hls
New Brunswick	Healthy Eating and Physical Activity Alliance (HEPAC)	Working Together for Wellness: A Wellness Strategy for New Brunswick www.gnb.ca/0131/acgp-e.asp
Nova Scotia	Alliance for Healthy Eating and Physical Activity	Active Kids, Healthy Kids Nova Scotia - A Nova Scotia Physical Activity Strategy for Children and Youth www.gov.ns.ca/hpp/physicalActivity/publications/ACTIVEKIDS_Jan03.pdf Healthy Eating Nova Scotia www.gov.ns.ca/hpp/repPub/HealthyEatingNovaScotia2005.pdf

5.1 COMMON COMPONENTS

While there are variations in these provincial strategies, each typically contains a mix of common elements as follows:

Healthy eating:

- breastfeeding support initiatives;
- early childhood initiatives/nutrition guidelines (child care centres and settings for pre-school children);
- breakfast programs for school/young children;
- provincial school food and nutrition policies (for elementary, junior/middle, and senior high schools);
- healthy eating fora/public education for adults; and
- food security policy initiatives and food costing models.

Physical activity:

- active living programs – support for capacity building, leadership development, organizational development, program development, community development, facility development, and partnership-relationship development;
- grant programs to encourage active communities;
- active transportation and active and safe routes to school; and
- "summeractive" and "winteractive" programs.

Both healthy eating and physical activity:

- healthy schools program – to create school environments that support healthy living (healthy eating and active living);
- rink/recreation facilities – a three-prong approach encouraging healthy food choices, healthy physical infrastructure, and healthy social environments;
- community wellness grants; and
- social marketing campaigns.

While the strategies themselves are evidence-based, most have not yet been evaluated due to their recent start up. The individual programs, policies, and services within the strategies, as well as the overall framework, will be evaluated; some provincial strategies have evaluative components built into the frameworks.

5.2 DELIVERY MECHANISMS

Alliances play a key role in the implementation of provincial healthy eating and physical activity strategies in Atlantic Canada; some are funded to implement certain components of the strategies and/or provide leadership and coordination of community groups/activities. The four provincial governments also have policy staff who have helped design the frameworks and provide leadership and coordination of efforts. Some jurisdictions have staff designated at the regional level to assist in implementation: for example, in Prince Edward Island, Regional Healthy Living Coordinators connect with various partner organizations and communities to enhance existing programs, help create new initiatives, and develop supportive environments.

SECTION 6

ANALYSIS AND OVERVIEW OF CURRENT INVENTORY OF PROGRAMS

This section provides an analysis and overview of the programs included in the inventory. The inventory itself is located in Appendix H of this report, with initiatives listed alphabetically and grouped by jurisdiction. All survey responses received were included in the inventory, even if they were outside of the scope originally intended.

Because of the iterative nature of this process and the use of a snowballing technique to distribute the surveys (that is, survey recipients could forward the survey on to others), it is not possible to absolutely calculate the response rate because the number of those who received the survey indirectly is not known. Some organizations with more than one program completed more than one questionnaire; others summarized them into one response. Therefore, an attempt to calculate response rates would be spurious.

The number of surveys received for each province is displayed in the table below.

Table 2: Survey Responses by Jurisdiction

	Atlantic	National	NB	NS	PE	NL	Total
# of organizations responding	1	2	17	19+	5	7	51
# of surveys received*	1	4	25	21	15	7	73
% of total surveys received	1%	5%	34%	29%	21%	10%	100%

*Organizations with multiple initiatives submitted more than one response.

+ Different units within a department (e.g., district health authorities/regions) were counted separately if the respondent was different.

Most responses were received from New Brunswick (25) and Nova Scotia (21), respectively representing 34% and 29% of the responses received. There were 15 submissions from Prince Edward Island (21%), and seven (10%) were received from Newfoundland and Labrador. Four were received from a national organization and one from an Atlantic-wide program.

The 2000 scan received 90 responses from 42 organizations. Comparing the number of responses in 2006 with 2000, the difference in responses primarily lies in the specific exclusion in the 2006 scan of smoking cessation programs and other programs (e.g., the Nova Scotia Child and Youth Action Committee) and the inclusion in this scan of infant/child nutrition programs. As well, there are some differences in definitions and categorizations of initiatives appearing in this report, compared to the 2000 scan.

The following table demonstrates the distribution of responses/programs received in this scan, compared to 2000.

Table 3: Comparison of Responses Received in 2000 and 2006 by Jurisdiction

Jurisdiction	2006	2000
National	4	0
Atlantic	1	2
New Brunswick	25	19
Nova Scotia	21	40
Prince Edward Island	15	16
Newfoundland and Labrador	7	13
TOTAL	73	90

There were some expressions of respondent fatigue in that, in some jurisdictions, at least two other surveys gathering similar or related information were circulating at the same time (a national diabetes survey and the diabetes care mapping project). Although follow-up calls were made, and commitments to complete the survey were given, not all recipients responded due to time constraints. The timing of distribution was somewhat problematic as well: although the surveys were initially distributed at the end of May, many did not respond immediately and the summer holidays interceded. Project Advisory Committee members or government policy makers who encouraged their colleagues to complete the survey increased the number of responses.

6.1 TYPE OF PROGRAMS (PRIMARY FOCUS OF PROGRAM/RISK FACTOR ADDRESSED)

Table 4 depicts the primary focus or risk factors addressed by the initiatives: active living, healthy eating, both, or other (diabetes-specific and one diversity initiative).

Table 4: Primary Program Focus for Initiatives in 2006

Program Focus	# of responses	% of responses
Active living	21	29%
Healthy eating	25	34%
Both	16	22%
Diabetes-specific	9	12%
Other	1	1%
TOTAL	73	98%*

*Percentages do not equal 100% because of rounding.

The number of healthy eating initiatives and physical activity programs in 2006 is almost equivalent at 21 and 25, and 16 programs address both risk factors.

There were significantly more initiatives to improve nutrition reported in 2006 (25, or 34%) than in 2000 (11, or 12% of the 90 responses). The number of physical activity programs reported was similar in both time periods (26 or 29% in 2000 and 21 or 29% in 2006), as were activities addressing both risk factors (14 or 19% in 2000 and 16 or 18% in 2006).

Table 5 provides an overview of the inventory, including the name of program or initiative by jurisdiction, broken down by type of initiative –physical activity, healthy eating, both, and other. It gives the reader, at a glance, a sense of the type of programs being offered in the region. Details of the programs/initiatives listed can be found in alphabetical order by jurisdiction in Appendix H.

Table 5

LIST OF HEALTHY EATING AND ACTIVE LIVING PROGRAMS BY JURISDICTION (N= 73)
NATIONAL (4)
Active Living
National School Challenge
Healthy Eating
EATracker ™ Web based tool
Healthy Eating in Store for You -HESY™
Other
Diabetes Environmental Scan for Alberta 2001
ATLANTIC-WIDE (1)
Both
Aboriginal Diabetes Initiative (ADI) Program
NEW BRUNSWICK (25)
Active Living
Active Communities Grant Program
Active Kids Tool Kit
Healthy Active living Plan for the 50Plus Community Leadership Development
Recreation and Parks Month
Recreation Facilities Healthy Eating Program and Tool Kit
School Communities in ACTION
Healthy Eating
Baby Friendly Initiative
Early Childhood Initiatives
Healthy Eating Grant Program for Schools (grades 6, 7, 8)
Healthy Minds Program
Meals and More
Meals and More!
Mommies & Tummies
Pilot Project- My Daily Crunch: 5 fruits & veggies
Policy 711 Healthier Foods and Nutrition in Public Schools

Both
Écoles En Santé Francophones
HEPAC Strategic Priorities 2006 - 2007
Programme Grouille ou Rouille
Programme Grouille ou Rouille – Recherche
Social Marketing Campaign
Other
Diabetes Teaching/ Enseignments du Diabetes
Disease Education On-line Learning and Healthy Living Clinic
Joslin Diabetes Centre, Education Affiliate
Prediabetes Education Sessions
PRIISME Diabetes Project

NEWFOUNDLAND AND LABRADOR (7)

Healthy Eating
Child Nutrition Programs - Kids Eat Smart Foundation
Both
Healthy Aging Framework and Plan
Healthy Students Healthy Schools
Improving With Age – Healthy Aging Project
Innu Integrated Diabetes Initiative
Provincial Wellness Plan
School Milk Program

NOVA SCOTIA (21)

Active Living
Active Cape Breton Communities
Active Communities
Active & Safe Routes to School
Healthy Active Living for Seniors Initiative
Make a Move! a provincial physical activity counseling initiative
Move More: HeartSmart™ Physical Activity Basics
Nova Scotia Active Kids /Healthy Kids – Active Communities
Physical Activity Grant Program
Physical Activity, Sport and Recreation – Valley Region
Walking for Wellness, Move More (PACE)
Youth Fitness Leaders Certification Program (YFL)
Healthy Eating
Garden Food Box Pilot Project
Healthy Eating Nova Scotia
Healthy Eating Nova Scotia (Provincial Healthy Eating Strategy)
Healthy Eating Strategy of Cape Breton
Healthy Henry Nutrition Labelling Program
National 5-10 A day Campaign
Other
Diabetes Care Program of Nova Scotia
Diabetes Survival Skills Program
Diversity and Social Inclusion in Primary Health Care Initiative
Pre-diabetes Program

PRINCE EDWARD ISLAND (15)
Active Living
Healthy Rink Initiative
PEI Active
PEI Stepping Out Program
Healthy Eating
Healthy Eating Forums for the Public
Healthy Eating Policies for Intermediate, Senior High and Pre-Schools
Healthy Eating Strategy for Island Children and Youth 2002-2005
Healthy Eating Week
Nutrition Month
School Food Programs (Breakfast/Snack Programs).
School Healthy Eating Policy for Elementary Schools
School Healthy Eating Policy Working Group
Both
Active Living Mascot Flash, the Fox, and Healthy Eating Mascot Munch, the Monster
Eat Right! Stay Fit Healthy Living Song and DVD
Healthy Choices, Healthy Communities
Signature Programs

Note: "Other," for the purposes of this categorization, includes those organizations dealing directly with diabetes/pre-diabetes prevention, delivery of diabetes education, or the professional development of diabetes educators. It also includes activities that do not have a specific fit elsewhere (e.g., diversity and social inclusion).

6.1.1 A Note About Programs Not Mentioned in the Inventory

As mentioned in the Process section of this report, not all regional activities are reflected in this scan. For example, there are a variety of sport-related programs that were specifically excluded from the scan that also influence and contribute to the promotion of physical activity in the region. Excluded as well are food security initiatives that contribute to healthy eating, since these were the subject of a separate scan undertaken by PHAC Atlantic.[21]

There are a number of known initiatives for which surveys were not received. Brief mention is made here of **some** of the initiatives that were not included in this scan to give the reader a more complete sense of the breadth of activities occurring in the region.

Restaurant-Based Initiatives
Heart Smart Restaurant Program (NL): Restaurants, cafeterias, and cafés participating under the program offer healthy food choices upon request to the customer.

Children
On the Move with Ticker Tom (NL): This program focuses on increasing healthy eating, physical activity, and smoke-free environments for children in after-school programs using fun messages, games, and activities to help children develop knowledge and skills related to nutrition and physical activity.

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[21] Public Health Agency of Canada and Health Canada, *Healthier Food, Healthier People Project: A Joint Initiative*, Atlantic Regional Office, Public Health Agency of Canada, and Atlantic Regional Office, Health Products and Food Branch, Health Canada, Halifax, 2006. This report contains a directory of food security initiatives throughout Atlantic Canada.

Healthy Learners in School Program (NB): New Brunswick public health nurses with the Healthy Learners in School Program work at the school district level with district health advisory committees. Priority issues at the elementary level in the majority of districts have been promotion of healthy eating and/or physical activity. In the high school pilot, identified priorities included physical activity, tobacco use reduction, stress, emotional well-being, and nutrition.

Workplace Wellness Initiatives
At least two provinces have workplace wellness programs targeted to increase the health of employees that were not included in the inventory.

Walking the Talk (NB): A New Brunswick government workplace wellness initiative to improve the health and increase the physical activity levels of staff within the Culture and Sport Secretariat and other government workplaces.

Workplace Wellness Initiative (NS): A Nova Scotia employee wellness strategy to promote a healthy, safe workplace.

Trails Development
There are initiatives in place throughout the region to promote the development of trails as an example of changing the physical environment to improve population health.

Island Trails (PE): This project will develop trails for recreation and promote increased physical activity.

School Milk Programs
At least three provinces have school milk programs (Prince Edward Island, New Brunswick, and Nova Scotia) to increase the availability and affordability of milk in schools; educate students, teachers, parents, and the general public about the nutritional value of milk; and to develop educational campaigns to promote milk consumption in schools as a healthy choice.

Food Security and Community-Based Nutrition Projects
Local school and community-based food and nutrition initiatives: Schools and community groups in several areas have taken steps to improve nutrition and to work with local food producers to enhance the availability of locally grown products.

Food security projects: Community and producer-based-projects throughout Atlantic Canada address the issue of food security and promote the consumption of nutritious locally grown and produced foods. Additionally, the Nova Scotia Nutrition Council and the Atlantic Health Promotion Research Centre, with a long list of partners, have undertaken a series of projects aimed at increasing food security.[22]

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[22] For more information about food security projects in Nova Scotia, visit the Nova Scotia Nutrition Council web site at www.nsnc.ca or the Atlantic Health Promotion Research Centre web site at www.ahprc.dal.ca

Business Sector

The business sector is not well reflected in this report. For example, dieticians and key grocery store chains in the region have developed a long-standing partnership, which is unique to this region of the country, in which classes on cooking and nutrition have been delivered to the public.

Other

Moving for Health Program (NL): This community-based fitness program promotes physical activity and builds community capacity to increase the participation of adults in daily physical activity.

6.1.2 A Note About Prevention Activities of Diabetes-Specific Organizations

Most prevention activities undertaken by those organizations whose work is specific to diabetes target either those with diabetes or those at risk of developing the disease (that is, persons with a defined diagnosis of pre-diabetes) and relates to secondary or tertiary prevention. There is an emphasis on targeting this pre-diabetes population with education and supports to develop healthy lifestyles as well as on primary prevention in general. (Please note that the programs included in this report do not reflect the totality of treatment programming occurring the region).

Pre-diabetes education sessions are intended to prevent or delay the onset of diabetes, primarily among people with increased risk factors for diabetes. Other initiatives targeting the same population include a diabetes health fair, internet self-management site, and the promotion of community organizations that provide fitness and healthy eating education.

There are a number of diabetes education centres in each province which provide education to clients with, or at risk of acquiring, diabetes. These assist in the development of a healthy living plan including diet and exercise programs for this client population. Some provide education to health professionals who provide services to persons with diabetes to enable them to help their patients to enhance self-management and decrease disease complications.

The Diabetes Care Program of Nova Scotia is a program of the provincial Department of Health which, along with other activities, has been able to target populations with, or at high risk of developing, diabetes (this includes the pre-diabetes categories, women with gestational diabetes and their offspring, and Aboriginal and other high-risk ethno-cultural groups). The program has developed a patient and provider resource focused on preventing diabetes in individuals and families at risk and is currently preparing to develop guidelines for the care and education of the pre-diabetes population in Nova Scotia.

Some diabetes-specific organizations have become engaged in the delivery of primary prevention aimed at the general public. For example, Dietitians of Canada has undertaken three projects related to diabetes primary prevention: EATracker™ which assesses food choices and provides personalized feedback on total intake of calories and essential nutrients and compares this to what is recommended for age, gender, and activity level; a retail nutrition labelling education project; and a diabetes prevention scan.

The Signature Program of the Canadian Diabetes Association (CDA), while only reported by its Prince Edward Island Division, is offered in all Atlantic provinces. It is a series of five presentations on topics related to diabetes or the prevention of diabetes. The presentations were developed by the CDA and are delivered at the community level by trained volunteers.

6.2 TARGET POPULATIONS SERVED

The primary target audiences served by the survey respondents, as reflected in the following table, are children and youth, followed by adults/general public. Women/girls account for the next largest target group, followed by seniors and individuals with low socio-economic status. About 20% of the programs serve the at-risk population, that is, persons with a defined diagnosis of pre-diabetes. Other target groups appear less often. It is important to note that these target groups are not mutually exclusive: for example, a program can target children and youth or seniors in Francophone communities.

Table 6: Primary Target Audience of Initiatives
(N=73)

Primary Target Audience+	# of Responses	% of Responses
Children	37	51
Youth	33	45
Adults	29	40
General public (target unspecific)	26	36
Women and/or girls	23	32
Seniors	19	26
Lower socio-economic status population	18	25
At-risk population*	15	21
Rural	14	19
Men and/or boys	13	18
Acadian/Francophone	13	18
Persons with disabilities	8	11
Ethno-cultural communities	0	0
Other	15	21

+multiple responses accepted

*persons with a defined diagnosis of pre-diabetes

Note: The target groups identified under "other" included:

- pre- and post-natal women, newborns, mothers with children under 24 months, infants to age 5;
- adults/facilities that provide services to children aged 5 and under (e.g., day care centres, family resource centres, libraries, etc.);
- students and school personnel in the (Kindergarten-grade 12) public school system, children's families;

- leadership development for youth;
- First Nations youth;
- community groups;
- health care providers;
- health care professionals working with people with diabetes;
- diabetes patients admitted to the program, persons with type 2 diabetes, families at risk for diabetes due to family history (genetic predisposition);
- food service operations including restaurants and school and workplace cafeterias;
- adults who are sedentary;
- individuals with mental health challenges; and
- users and operators of recreation facilities.

Children (37) and Youth (33)

Atlantic region initiatives targeted to children and youth cover their various ages and development stages. They include early childhood initiatives specifying healthy eating and physical activity in child care centres and other settings providing services to young children, tool kits for day care centres highlighting the benefits of physical activity, a song and DVD, school-based breakfast programs, and food and nutrition policies for elementary, junior/middle, and senior high schools. Programs such as encouraging breastfeeding, support for mothers of newborns, and pre- and post-natal nutrition programs for women also contribute to healthy children.

The National School Challenge Program offered by the Canadian Association for Health, Physical Education, Recreation, and Dance encourages physical activity for children and youth. Active modes of transportation to encourage walking and biking to school, a grant program, and a youth leadership training program to encourage youth to assume leadership positions in physical activity programs are also examples of programs targeting this population.

Adults (29) and General Public (26)

Examples of programs targeting adults and/or the general population include grant programs to promote physical activity, public education programs such as the national Healthy Eating in Store for You (HESY) program, food packaging and labelling initiatives, teaching of health professionals who in turn provide education to the general public, programs facilitating the use of pedometers, multi-media (television, radio, print) social marketing campaigns promoting healthy active living, health fairs, and diabetes-specific programs. Prince Edward Island's Healthy Eating Forums for the Public and Healthy Eating Week are further examples.

Women and Girls (23)

Some of the programs mentioned above serve women and girls (e.g., pre- and post-natal programs, breastfeeding, etc.). Other programs specific to this population include diabetes on-line learning programs and Healthy Living Clinics providing education about healthy living, diet, and exercise for those with diabetes or a diagnosis of pre-diabetes, as well as lifestyle support for Aboriginal women (through PHAC's Aboriginal Diabetes Initiative). The programs targeted to children and youth were also considered by respondents as applying to girls. The Active Communities program in Nova Scotia offers a component specifically addressing opportunities for females. However, there appear to be few programs uniquely targeted to girls. (Note that there is a sport program encouraging the participation of women and girls in sport which may also have the impact of encouraging their participation in physical activity, but, as noted earlier, sport-specific programs were not included in this scan.)

Seniors (19)

Two provinces have developed or are developing strategies directed to seniors: Newfoundland and Labrador (through its Division of Seniors and Aging) which is developing a Healthy Aging Framework and Plan, and the Nova Scotia Seniors Secretariat which has undertaken a Healthy Active Living for Seniors Initiative.

New Brunswick has the Healthy Active Living Program for Older Adults, which provides free information sessions on the wise use of medications, physical activity, healthy eating, stress management, and healthy choices. This document also references the Healthy Active Living Plan for the province's 50Plus Community Leadership Development program.

Further, some community-based organizations have focused on healthy living for seniors. For example, the Seniors Resource Centre Association of Newfoundland and Labrador has the Improving with Age - Healthy Aging Project to raise awareness about healthy aging and the determinants of health. The project aims to motivate seniors and community partners to work together to promote healthy aging and to address barriers to healthy aging for older adults.

Lower Socio-Economic Status Population (18)

Programs targeting this population focus largely on services to young, single, pregnant women who qualify for financial assistance to receive nutrition supports (vitamin supplements, milk) and are also provided with nutritional education. Public health nurses work with family and community services and family resource centres to provide this support. The program Meals and More delivers frozen meals to people on low incomes in New Brunswick. The Nova Scotia Department of Health Promotion and Protection, through its regional offices of Recreation and Sport, provides support for community development and capacity-building initiatives, some of which target lower socio-economic communities. The Diversity and Social Inclusion in Primary Health Care Project in Nova Scotia also serves lower socio-economic populations (see Diversity section below). The Healthy Eating Nova Scotia strategy includes food security as one of its four priority areas. The Elder Fields Farm Cooperative Garden Box project in Nova Scotia offers weekly deliveries of fresh local produce to low-income, pre-natal clients on social assistance. Breakfast programs are also partly targeted to children from low-income families to ensure they have a healthy breakfast and come to school ready to learn.

Given the relationship between poverty and health/diabetes, targeting low socio-economic status populations is particularly important in this region, where the general population has a generally lower socio-economic standing than in the rest of the country.

At-Risk Populations (15)

For services provided to at-risk populations (those with a diagnosis of pre-diabetes), see Section 6.1.2 for information about the services provided by diabetes-specific organizations that were included in this scan. These services include both pre-diabetes education and assistance in managing the disease.

Rural (14)

Initiatives reported to focus on rural populations include diabetes education, New Brunswick's Meals and More dietitian workshops and home delivery of food baskets, and its Active Communities grants programs to community organizations. These programs serve other target groups in addition to rural populations. Also serving this target group are regional/district health authorities and school boards in rural areas.

Men and/or Boys (13)

Programs referenced as serving men/boys target broader groups and not men/boys exclusively. Boys tend to be over-represented in sport and physical activity programs.

Acadian/Francophone Communities (13)

Thirteen initiatives focus on the delivery of programs to Francophone communities. For example, in Prince Edward Island, the Healthy Choices, Healthy Communities program supports and encourages Acadian and Francophone Islanders to take measures to address the common risk factors that contribute to the development of chronic disease. The initiative consists of a series of workshops which present information on active living, healthy eating, and tobacco control. French resources are identified and secured for community health centres.

Persons with Disabilities (8)

Although there are no known healthy eating or active living strategies specifically targeting this population at the provincial level, eight Atlantic-based programs were found which include people with disabilities among their target populations. The Walking for Wellness, Move More (PACE) programs in Nova Scotia offered a component addressing barriers to physical activity for people with disabilities. As well, PEI Active, New Brunswick's two Meals and More programs and Healthy Daily Living for 50Plus program, pre-diabetes education programs, and the Nova Scotia Department of Health Promotion and Protection Physical Activity, Sport and Recreation Program – Valley Region all mentioned serving persons with disabilities. Although not mentioned (as it lay outside the purview of the scan), there is the Active Living Alliance for

Canadians with a Disability, a national initiative focused on healthy living strategies for persons with disabilities.

Aboriginal Communities (2)

While this scan was not intended to include Aboriginal initiatives, two were submitted – one for the Innu Integrated Diabetes Initiative in Newfoundland and Labrador and a second describing the national Aboriginal Diabetes Initiative (ADI). Funded under the Canadian Diabetes Strategy, the ADI is composed of two programs: one is aimed at on-reserve First Nations people and Inuit communities, while the other serves off-reserve Aboriginal people, Inuit people living outside Inuit communities, and the Métis. Some of the activities the ADI has supported in Atlantic Canada include healthy lifestyle programs, health and wellness fairs, diabetes screening clinics, community walking programs, cooking classes, group education workshops, diabetes prevention and promotion activities in First Nations schools, and community health centre staff education workshops.

Diversity (1)

One initiative was reported that is targeted toward diversity broadly defined – the Nova Scotia Department of Health's Diversity and Social Inclusion in Primary Health Care Initiative, a three year program to raise awareness of issues that would lead to culturally inclusive policies and guidelines for the delivery of culturally competent primary health care. The focus within diversity is race, ethnicity, language, and culture, with a view to reducing health disparities among populations.

African-Canadian Communities

While there were no specific diabetes prevention programs for the African-Canadian community reported in the scan, the Health Association of African Canadians (HAAC) focuses on advancing the health and well-being of African Canadians and on seeking policy reform by increasing awareness of the health issues of African Canadians in Nova Scotia through resources, research, and partnerships.

Further, in specific communities in Nova Scotia, activities have been supported to deliver screening and diabetes prevention/awareness programs. For example, the North Preston Community Health and Wellness Centre, in the Halifax Regional Municipality, has offered successful screening programs in two different communities. In the New Glasgow area, the Second Baptist Church Women's Association and the Pictou County Women's Centre have worked in conjunction with the local diabetes centre to deliver diabetes prevention programming.

Other Ethno-Cultural Communities

There were no initiatives specifically targeted to immigrant, new Canadian or other ethno-cultural communities received in this scan, although the Diversity initiative referenced above does include these populations.

6.3 PARTNERS

Organizations delivering programs reported working with an extensive and broad array of partners. The partnerships include non-profit volunteer organizations and groups; community-based coalitions and networks; federal, provincial, and municipal governments; and professional organizations. Sectors are primarily education, health/health promotion (nutrition and recreation), and to a lesser extent, agriculture/food producers.

Partnerships include:

- provincial departments of health/wellness (public health), culture and sport, education, environment, family and community services, natural resources
- health sector: health care associations, public health services, community health boards, district/regional health authorities
- education sector: school boards, teachers, administrators, parents, students
- child- and youth-serving organizations: e.g., child care centres; private caregivers; family resource centres; libraries; service providers to young children, mothers, and infants (programs funded by the Canada Prenatal Nutrition Program, La Leche League, and Community Action Program for Children); Advisory Council on Youth
- communities/municipalities
- Aboriginal representatives
- health NGOs: e.g., Canadian Cancer Society, Canadian Diabetes Association, Heart and Stroke Foundation
- professional associations/organizations: e.g., Dietitians of Canada
- private foundations and granting agencies: e.g., Kids Eat Smart Foundation
- food and dairy producers: e.g., School Milk Foundation, dairy farmers, dairies
- private sector: e.g., Medavie Blue Cross, Petro Canada, Aliant, Sobeys
- sport and recreation sector: e.g., provincial associations, municipal recreation departments, New Brunswick Physical Education Society
- unions
- regional wellness coalitions
- church groups, service clubs, senior's organizations
- universities.

6.4 DETERMINANTS OF HEALTH ADDRESSED BY INITIATIVES

As demonstrated in Table 7, the determinant of health addressed most frequently by far by the initiatives surveyed for this scan was personal health practices and coping skills. However, there are a number of other determinants reportedly addressed by the programs – notably healthy child development, education, social support networks, and social environments. Given that many of the programs targeted children and youth in school environments, the appearance of healthy child development and education are not surprising. Physical environments appears as the next determinant most frequently mentioned, followed to a lesser extent by income and social status, health services, and culture.

Table 7: Determinants of Health Addressed by Initiatives (N=73)

Determinants of Health+	# of Responses	% of Responses
Personal Health Practices and Coping Skills	53	73
Healthy Child Development	39	53
Education	38	52
Social Support Networks	33	45
Social Environments	30	41
Physical Environments	25	34
Income and Social Status	16	22
Health Services	16	22
Culture	15	21
Employment and Working Conditions	8	11
Gender	6	8
Biology and genetic endowment	4	5
Other	4	5

+ Multiple response categories; note that these numbers are small so percentages should be interpreted with caution.

Note: Comments under "other" offered more detail on the specific project. One suggested there was a need to break down "culture" into race, ethnicity, language, and culture and to acknowledge spirituality within culture.

Most programs address more than one determinant. These results perhaps reflect both a broader understanding of the impact of the determinants of health and the use of other complementary approaches intended to influence these determinants.

6.5 PRINCIPAL APPROACH TAKEN

The most frequently reported approaches employed by projects to influence the health determinants, grouped in descending order, were:

- developing partnerships/collaboration, public education (almost two-thirds of the programs cited this approach), and creating supportive environments and community capacity building (half used these approaches);

- services for individuals and small group sessions (cited by about one-third of the initiatives)
- developing public policy, advocacy to influence public policy (approximately one-quarter used these approaches), and research.

Table 8: Principal Approach Taken by Initiatives (N=73)

Principal Approach Taken+	# of Responses	% of Responses
Developing Partnerships/Collaboration	46	63
Public Education	46	63
Creating Supportive Environments	39	53
Community Capacity Building*	35	48
Services for Individuals	24	33
Small Group Sessions	22	30
Developing Public Policy	18	25
Advocacy to Influence Public Policy	14	19
Research	12	16
Other	10	14

+ Multiple response categories

*Community capacity building is defined as enhancing the ability of the community to identify, mobilize, and address social and public health problems. Note that numbers are small so percentages should be interpreted with caution.

These are not discrete categories, and while the **principal** approach was requested, respondents could indicate a number of approaches. The type of responses provided by those who indicated "other" approaches included more descriptive information or "subcategorization" about their projects such as:

- school-based services for children
- influencing public policy
- education of health professionals
- development of guidelines as policy framework for change
- research
- creating physically active opportunities
- programming
- capacity building for young people.

6.6 EVALUATION

Of the 63 answers received (some left this question blank), about half (33) indicated their programs had been evaluated (or were in the process of being evaluated, or steps had been taken to collect data to enable evaluation), while 30 said they had not. Evaluation activities range from a full-fledged evaluation to client satisfaction surveys administered at the conclusion of a workshop. The comments in the inventory offer greater detail on the nature of the planned or completed evaluation.

6.7 GAPS, CHALLENGES, LESSONS LEARNED, OPPORTUNITIES TO MOVE FORWARD

Respondents, both by survey and telephone interview, were asked to offer their perspective regarding gaps, challenges, lessons learned, and opportunities to move forward to carry out work in the area of diabetes prevention. Although some comments were particular to their program or initiative, some common themes emerged.

6.7.1 Gaps

Sustainable and sufficient funding: By far, the most significant issue mentioned by respondents was that of funding – both in terms of level and duration. Funding needs to be sufficient to undertake the work, and it needs to be sustainable in order to achieve the type of long-term outcomes envisioned. Changing societal norms, behaviours, and practices, as they relate to healthy eating and physical activity, is a long-term venture. Shifting the behaviours of a population and the individuals within it, and creating supportive environments to do so, is also a long-term process – one which cannot be achieved by short-term, project-to-project funding. It requires sustained focus and the resources to implement programs at various levels. Closely related to insufficient funds was lack of time to undertake needed initiatives within current resources.

Both community-based organizations and government staff offered the comment that efforts to implement these strategies and programs are labour-intensive and require human resources in both the development and delivery components. While provincial governments have made some resources available to implement their healthy eating and active living strategies (and compared to six years ago, the investments are significant), some jurisdictions mentioned resources were a challenge. In particular, respondents identified the need to build sufficient infrastructure (equipment, spaces, and facilities) and to increase capacity (positions at the provincial and community levels) to support an increased focus on health promotion and wellness.

Program availability and promotion: A second gap mentioned by many respondents was that healthy eating and active living programs and services are not universally available within (or throughout) the provinces. Sources, availability, and levels of support to subsidize participation (for example, of children and youth in physical activity programs), as well as to help organize program delivery, differ among regional/district health authorities. Some regions have large geographic areas to cover. As a result, residents have unequal access to those services. Health care providers need somewhere in the community to refer their inactive patients/clients, since many patients/clients need help to get started on physical activity and healthy eating programs.

Closely related to the absence/uneven availability of programs is the poor promotion of programs. There needs to be more targeted marketing to inform the general public and health care providers that these programs exist.

National leadership, direction, and support: Some respondents mentioned the need for national leadership in the provision of resources, materials, and funding.

Integrated/coordinated approaches: There are many groups, organizations, and communities doing great work in support of the goals of improving healthy eating habits and increasing activity levels, but more coordination and communication among groups is needed in order to avoid duplication and to use limited resources most effectively.

Delivery of services in French: This concern was mentioned by some respondents from New Brunswick. If population numbers are not sufficient, providing programs to Francophone communities or translating materials into French can be a challenge.

Information sharing and best practices: Lack of communication among organizations represents a significant gap in the implementation of policy and programs. The ability to share successes and best practices and to discuss challenges was mentioned as an important factor in quality program delivery.

Research and evaluation: Some respondents noted that research and evaluation are often not linked with, or built into, programs and initiatives. Knowing which programs are effective and which are not is necessary to provide the solid evidence base upon which to make decisions. Creating more partnerships with the research community is therefore important.

Healthy eating for children and youth: Some respondents observed that while there has been a concentration of effort on pre- and post-natal nutrition and encouraging breastfeeding of infants, more emphasis is required on the nutrition needs of older children and youth in schools and other settings. Provinces have begun efforts focusing on school food and nutrition policies but have found community awareness about the need for such initiatives is limited, and that efforts to increase the awareness of parents, educators, students, and the school community are required in order to enlist their support.

Seniors: Greater attention needs to be paid to increasing awareness of the benefits to seniors of engaging in active living pursuits.

Food security: The availability of nutritious foods at reasonable cost for low-income individuals is an emerging issue. Work on food costing and related research in this area has been under way for some time. Nova Scotia and Newfoundland and Labrador have focused greater attention on the issue with the development of partnerships among government departments and community organizations and the inclusion of this area in their strategies.

Availability of nutrition specialists: A key informant mentioned there are insufficient numbers of dietitians and nutritionists in New Brunswick, and their contribution to this work is undervalued. There is a need to promote greater involvement of these specialists in the work.

6.7.2 Challenges

The ***cost of advertising and promotion/social marketing campaigns*** to encourage the adoption of healthier lifestyles was identified as a challenge, as these costs tend to be significant and cannot be borne by local/regional organizations alone.

Low literacy levels in the population are a challenge in terms of providing prevention education.

The ***lack of local leadership and organizations*** with which to partner at the community level has presented a challenge and has contributed, in part, to the lack of equitable access to programs throughout all areas of Atlantic Canada.

Public and stakeholder understanding has been an issue with some programs. Support of school nutrition policies has been a particular challenge in terms of securing school stakeholder support. It has also been challenging to secure support for provincial and school board policies to support programs like Nova Scotia's Active & Safe Routes to School and the infrastructure to support students walking and biking to school.

Heavy reliance on volunteers: Programs which rely heavily on staff, parents, and volunteers to keep them going are challenged by volunteer burnout and high turnover, which threaten their viability.

Policy barriers or conflicts: Some projects mentioned that certain policies create barriers to programs (e.g., liability issues are a particular concern in school environments). Another issue is that of competing policies. For example, in some jurisdictions, school districts have the flexibility to develop policies that are more comprehensive than provincial policies, with the result that many districts have a complementary district-level policy in place in regards to healthy eating. At times this creates confusion if it is not in compliance with the provincial policy. Similarly, districts/regions in the health sector may also have the flexibility to adapt provincial guidelines to service delivery, with the result that access to services is uneven/not available.

Knowledge of other organizations' activities so as to avoid duplication of effort was frequently mentioned as a challenge.

6.7.3 Lessons Learned

The value of partnership: In the experience of respondents, lessons learned in carrying out this work have been largely related to the power and potential benefits of partnership. Those working in the field have found that partnership has enabled them to extend the reach of their organization's work and undertake programs much more effectively than on their own. Collective action undertaken through partnership development and collaboration with others is more likely to achieve success. This was cited as particularly valuable in the area of promotion and advertising, since using partners and media enhances participation rates. The appreciation of partnerships is consistent with the finding that collaboration and partnership development was the most frequent approach used.

The value of champions: Finding and supporting "champions," that is, people who are committed to the work, is essential to the development and implementation of initiatives in this area.

The importance of building a ***shared vision*** was another critical success factor cited in ensuring the initial and ongoing commitment of partners.

The need for ***continuous communication*** and mechanisms to do so was identified as an important lesson learned with respect to policy changes affecting many stakeholders.

6.7.4 Opportunities

Most respondents saw the potential for the ***development of more partnerships*** – with business, government departments, health and school system players, community groups and organizations, and a range of others. Those specifically working in diabetes commented on the need for strengthened partnerships between the "diabetes community" (those engaged in the delivery of diabetes-specific prevention and other services) and those involved in healthy eating and physical activity initiatives/strategies. Changes in funding allocations and program parameters to enable greater access to funding by the diabetes community for prevention activities was recommended. The need for school boards and health authorities to work more collaboratively was identified. The private sector was mentioned as another area where further partnership efforts need to be focused.

Network of partnerships/alliances: The alliance network of healthy eating- and active lifestyle-oriented groups is strong. Together, groups can profit from information and resource sharing within this community in order to impact the wider population. Addressing these issues is a shared responsibility; it is imperative that groups work together to move their mandates further.

Government commitment: This has been facilitated by government announcements which affirm their commitment to wellness. These commitments ensure support at the highest level of government.

Participatory decision making: One concrete way schools are moving forward is by engaging students in the decision-making process regarding the foods served in schools. Nutrition committees have been formed in high schools which involve students directly in deciding which healthier foods they would like to see offered in school and how to phase out foods which are not as healthy. Feedback from schools with these committees has been positive, and they report facing far less resistance to healthier eating when students are involved.

SECTION 7

ANALYSIS OF FINDINGS

7.1 TRENDS AND OBSERVATIONS

Results from the scan and surveys can be summarized into the following trends and observations.

7.1.1 More Healthy Eating Initiatives

There are more healthy eating initiatives, policies, and programs in existence now in Atlantic Canada than there were when the original scan was done in 2000, when this was listed as a deficiency. Further, the activities undertaken under the rubric of these strategies are more coherent and coordinated.

7.1.2 More Government Leadership and Strategies

All four Atlantic provincial governments now have healthy eating or active living strategies or one strategy integrating both (e.g., "wellness" or "healthy living" strategies). Governments have assumed a greater leadership role in coordinating the development of these strategies, usually in partnership with community/organization alliances. There is evidence that the implementation of overarching strategies is devolving to regional and district health authorities and regional school boards in some provinces.

In some ways, there has been a significant shift in thinking and acceptance of the need to address these factors, as healthy eating and physical activity are clearly defined pillars within provincial strategies. However, there has been no discernable shift from 2000 in the conceptualization of these risk factors in terms of diabetes prevention. Healthy eating and physical activity are not considered as diabetes prevention, or indeed, as prevention of any specific disease condition. Rather, they are seen as health-promotion activities (which also happen to prevent chronic disease).

As in 2000, the key sectors delivering programs in 2006 are the recreation/sport sector (for physical activity); the health/health promotion/wellness/nutrition sector (for healthy eating); and health NGOs/professional associations delivering programming through coalitions and alliances. There are also diabetes-specific organizations serving primarily those with diabetes and those at risk of developing the disease. However, this dichotomy of sectors has impacted the formation of partnerships and the development of integrated funding allocation mechanisms. Diabetes-specific organizations, in particular, feel they have not been able to access the new funding allocated to "wellness" or "healthy living" initiatives.

7.1.3 More Coordination and Structure

While the 2000 scan revealed a loose collection of programs mostly offered at the community level, the 2006 scan indicates much more coordination and structure – both at the community/stakeholder level and at the government level. Coordinated overarching strategies are now in place that attempt to bring together much of the efforts to address healthy living.

A recent development has been the integration of strategies and stakeholder groups that address both active living and healthy eating/nutrition. These efforts derived originally from active living plans begun in the 1990s with the leadership of ministers responsible for sport and recreation and the relevant stakeholders (sport and recreation organizations) and from chronic disease prevention plans/strategies developed in 2000-03, often led by health/nutrition representatives and health charities/stakeholders. Recent years have seen the development of coalitions of stakeholders under one umbrella organization – healthy eating alliances, active living alliances, or healthy living alliances – to coordinate efforts to address these key areas.

Governments have also become much more active players in coordinating the development of strategies (and in areas of funding, leadership, policy, and social marketing/health promotion initiatives). Indeed, there has been greater attention paid to the whole area of prevention and health promotion, as evidenced by the creation of government departments or divisions with the specific mandate of health promotion or healthy living (e.g., Nova Scotia's Department of Health Promotion and Protection, New Brunswick's Department of Wellness, Culture, and Sport). While many separate initiatives were being undertaken in various program areas in the past, until recently there appeared to be little effort to coordinate them into a coherent, targeted strategy to promote healthy lifestyles. There also seems to be evidence that these models of working together in healthy living alliances have been representative of true partnerships; often they are co-chaired by government staff and community-based organizations. There appears to be commitment at the most senior levels of government to these strategies, and the healthy living alliances are primary partners in the development and implementation of strategies.

7.1.4 More Population Health Approaches

Population health approaches are being used to effect change at a population-wide level. Partnerships and creating supporting environments were more widely reported in 2006 than in 2000. Public education was the most frequent approach utilized in 2000 at 70% and remains strong at 63% in 2006. Figures were also very similar in both scans for other public health approaches (developing partnerships/collaboration, creating supportive environments, community capacity building, services for individuals, and small group sessions). Exceptions were advocacy to influence public policy (which reportedly decreased by 17% in 2006 from 2000), research (which declined by 15% in 2006 over 2000, and developing public policy (which increased by 7% in 2006 over 2000.) The latter increase suggests that current respondents are more actively engaged in the public policy development process: this is consistent with the policy-making activities of government that are now associated with development of the strategies and the role of the healthy living alliances. On the other hand, research appears be less utilized, according to the 2006 scan, which may mean that the findings of earlier work have been used to develop activities and/or that more research is needed to develop a body of evidence for best approaches/practices.

The approaches used reflect those expected with a population approach and ones which are most likely to achieve population-wide change (instead of influencing individual behaviours alone). Most projects use more than one approach as well.

7.1.5 Shifts in Target Populations

The reported number of programs serving children and youth has more than doubled since 2000. Although all provinces incorporate this target group into their strategies, two provinces have specific strategies targeting children and youth: Prince Edward Island's Healthy Eating Strategy for Island Children and Youth 2002-2005 (a new strategy is being finalized to extend the strategy) and Active Kids, Healthy Kids Nova Scotia – A Nova Scotia Physical Activity Strategy for Children and Youth. The number of programs for seniors has also increased significantly.

Consistent with the lower socio-economic status of the region, 25% of the programs target low-income populations. A number of other groups are also being reached, although gaps appear to exist with respect to African-Canadian and immigrant communities.

Most prevention activities undertaken by those whose work is specific to diabetes target either those with diabetes or those at risk of developing the disease (that is, persons with a defined diagnosis of pre-diabetes) and relates to secondary or tertiary prevention. It appears, compared to 2000, that greater emphasis has been placed on targeting this pre-diabetes population with education and supports to develop healthy lifestyles as well as on primary prevention in general. Distinct from 2000, there are some diabetes-specific organizations that have become engaged in the delivery of primary prevention aimed at the general public.

The 2000 scan included more workplace wellness programs for employees; however, while these programs do not appear in the 2006 inventory, they do exist in the region (see Section 6.1.1 about programs not included in the inventory).

7.1.6 More Extensive and Structured Partnerships

Partnerships in Atlantic Canada are now broad-based and extensive. The most notable trend has been the formation of healthy eating and active living alliances comprised of a network of key partners to support the development and implementation of provincial strategies. This has strengthened the basic infrastructure for intersectoral collaboration. The network of partners participating in the alliances show evidence of strong collaboration, and this is a significant change since 2000 when these alliances did not exist.

The 2000 scan found partnerships in half of the initiatives; this scan found 63% of the programs reported developing partnerships as their principal population health approach. Partnerships in 2000 were seen as being very fragile due to funding instability. While this remains a significant impediment, the evolution of the health living alliances (and funding for them) has contributed to the strength and stability of partnership networks. Survey respondents spoke at great length about the value and power of partnership.

There seem to be fewer partnerships with universities in the 2006 scan than reported in 2000. While more evaluations were reported as having been completed, informants mentioned the need for greater links with the research community, suggesting recognition of the need for documenting evidence-based results.

7.1.7 More Determinants of Health Addressed

The determinant of health addressed most frequently by far was personal health practices and coping skills, consistent with the findings of the 2000 scan. However, healthy child development, education, social support networks, and social environments were also addressed widely.

7.1.8 More Evaluation

Half of the programs have been evaluated while half have not. Governments have acknowledged the need for evaluation and have incorporated an evaluation framework into their strategies and activities.

While the 2000 scan found that one-third of responding programs had a research component (no figures were provided for evaluation), the HEAL database[23] collected a year ago revealed that few programs had been evaluated. This suggests there is greater attention and value being placed on evaluation and the need for evidence-based decision making and that more strategies have a built-in evaluative component. However, more information may be needed to determine this definitively.

7.2 PRIORITIES FOR ACTION FROM A POPULATION HEALTH APPROACH FRAMEWORK

Based on this review, a number of recurring priority issues were identified. Specifically, the surveys and the key informant interviews underscored the need for:

- long-term sustainable funding that supports ongoing development and implementation of healthy eating and active living infrastructure and processes, as well as policies, programs, and other initiatives across the region

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[23] Op.cit.

- coordination of efforts and partnership building
- strategic leadership to provide direction and support in promoting and advancing healthy eating and active living initiatives
- continued emphasis on a multi-sectoral collaborative approach that brings together the full range of players to mobilize and coordinate efforts
- supportive policy environments
- evidence-based research and evaluation
- greater information sharing, sharing of best practices, and avoidance of duplication of effort
- targeted policies and programs that address existing health disparities and the specific needs of a range of groups
- supportive environments that encourage healthy, active living
- comprehensive and effective communication and social marketing initiatives that provide clear messages to Canadians about the implications of their lifestyle choices and strategies for improving them.

With these priority issues in mind, a number of recommendations for action are offered that can be undertaken by governments, communities, the private sector, health care professionals, parents, and families to build on the significant developments in promoting healthy eating and physical activity in Atlantic Canada over the last six years.

7.2.1 Population-Wide Approaches

In 2000, it was reported in *Preventing Diabetes in Atlantic Canada* that most activities were directed to individuals or small groups. The prior environmental scan noted that "The focus has been on treatment and/or lifestyle changes to prevent the development of further complications of diabetes. There has been little work on preventing diabetes from occurring in the first place in the population as a whole."[24]

While the 2000 report found evidence of more primary prevention activities which focused on the health of a population, many of the activities were still targeted toward individuals to encourage behaviour change. It further noted the limitations of this approach as it applies to diabetes prevention, noting that it has not been successful in addressing the primary risk factors for diabetes – physical activity levels and healthy eating/obesity.[25] Rather than focusing on educating **individuals** to make healthy choices, focusing on the **population** by creating an environment that supports active lifestyles and healthy eating is likely to have greater success in influencing individual behaviours; it becomes easier for individuals to make healthy choices.[26]

Unlike the findings of the last scan, most of the activities reported in 2006 were based on population-wide approaches (or had the potential to be with sufficient funding). In 2000, while the activities of the recreation sector were primarily population-wide, those within the health/nutrition sectors were not, with much effort devoted to interventions on an individual level. This is no longer the case, with the introduction of province-wide healthy eating strategies throughout Atlantic Canada. While efforts continue to focus on individual assessment and counseling for weight management, specific programming for individuals with diabetes, and the like, much more is being done a regional and province-wide basis. Strategies have province-wide application, and efforts have begun to implement them within regions/districts across the provinces. However, the availability of resources compromises the degree to which they reach the entire provincial population in implementation.

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[24] Lilley, op. cit., p. 1.

[25] World Health Organization, *Consultation on Obesity*, Ch 9: "The prevention and management of obesity in populations: a public health approach," 1997.

[26] Lilley, op. cit., p.4.

In 2006, it appears that stakeholders possess far greater understanding of population health approaches, as evidenced by their use of a multiplicity of approaches beyond increasing individual knowledge and skills.

Action/Recommendation *(for a summary of the recommendations, please refer to Appendix I):*

1. Sustainable Funding

- Increase efforts to provide sustainable funding in sufficient levels to those involved in the implementation and delivery of healthy eating and physical activity strategies/programs on a population-wide basis in order to achieve the intended outcomes.
- Support building of the basic infrastructure to implement physical activity and healthy eating strategies, both in terms of human resources and financial and physical plant/facilities, as necessary. Particular needs include building sufficient infrastructure (equipment, spaces, and facilities) and increasing capacity (positions at the provincial and community levels) to support an increased focus on health promotion and wellness.

2. Access to and Promotion of Programs

- Encourage steps to improve the availability of programs so that all members of the population can access services regardless of geographic location, or other barriers. Provide assistance with promotion of the programs so that the population is aware of the services available.

7.2.2 Intersectoral collaboration

This scan demonstrates a healthy breadth of partnerships in Atlantic Canada. Unlike the situation in 2000, the health and recreation sectors are now working together as part of healthy eating and active living alliances – representing both **intra**sectoral and **inter**sectoral collaborations.

Perhaps the area in which intersectoral collaboration was least evident was engagement with the food industry – restaurants, local food producers, and the agricultural sector.

This closely relates to food security and the need to ensure the availability of nutritious, healthy food at affordable prices for low-income families.

Other partnerships that require strengthening and support are those in the research and educational sectors. While significant efforts have been made, more work to overcome resistance, develop a shared vision, and enhance commitment appears necessary.

Action/Recommendations:

3. Strategic Leadership and Coordination

- Provide leadership, direction, and support at multiple levels to ensure an integrated, coordinated approach. Alignment of efforts and strategic planning within the region will help identify areas for action best suited to PHAC Atlantic and to each key stakeholder. Some activities are costly and/or apply equally to all jurisdictions (e.g., social marketing campaigns), and perhaps provinces/healthy living alliances could benefit by working together with PHAC Atlantic to coordinate efforts in these areas. A vast number of initiatives are under way at the national, Atlantic-wide, provincial, regional, and local levels, and it is difficult to ensure stakeholders within the region are informed of developments in order to coordinate efforts, provide complementary services, and avoid duplication.

4. Partnership

- Continue to support/enhance the partnership networks of the healthy eating and active living alliances in recognition of the potential impact of collaboration and the need for intersectoral approaches. Partnerships between the government, community groups and alliances are critical to moving the agenda forward.
- Build partnerships with other key sectors, particularly the food/agricultural industry, which have a contribution to make to promoting healthy eating and active living and which appear under-represented in this scan. Seek out ways to address barriers and more fully engage existing partners where necessary.
- Strengthen the level of collaboration between diabetes initiatives and healthy eating/physical activity groups, as well as with initiatives related to other diseases with the same risk factors. Ensure funding allocation mechanisms support this approach.

7.2.3 Targeting the Population

Some determinants are being frequently addressed while others are less so; the situation is similar with respect to the target populations being reached by the initiatives surveyed for this scan.

Children and youth along with adults and the general population were the most frequent intended audiences of programs. Other target populations were also reached, although perhaps not in sufficient numbers, with the exception of ethno-cultural communities where efforts seemed to be weakest (with the notable exception of the Diversity and Social Inclusion in Primary Health Care Initiative of the Nova Scotia Department of Health).

Action/Recommendation:

5. Targeted Areas for Action

- Children and youth: Continue to focus on school-aged children and youth to help ensure the adoption of life-long healthy eating and active living practices.
- Food security: Enhance efforts to ensure the availability of nutritious affordable food for low-income groups. The degree to which the reach of other programs extends to low-income and rural groups is also not clear, given the uneven accessibility of programs generally, and more work may be necessary to explore this sub-population, given the socio-economic status of the region as a whole.
- African-Canadian, ethno-cultural and other communities: Examine need and opportunities for working with African-Canadian and other ethno-cultural communities in the promotion of healthy eating and physical activity. Build on initiatives such as the diversity and social inclusion initiative in primary health care as a model for action. Explore gaps in services targeted to particular sub-populations in various jurisdictions.
- Seniors: While more programs have targeted seniors, this is a population that will continue to need sustained focus, given the aging demographics of the region's population.
- The family: The family unit as a whole also merits attention since healthy eating and physical activity patterns are also influenced and shaped within the family context.

7.2.4 Multiple Strategies and Sustained Effort

There is evidence that multiple strategies are being utilized in the region although sustained effort is compromised by the absence of long-term sustainable funding. Recommendation 1 related to funding to support long-term efforts, also applies here.

Action/Recommendation:

6. Supportive Policy and Programs

- Continue efforts to address the risk factors of obesity, unhealthy eating, and physical inactivity with the creation of supportive policy and program environments across multiple sectors. Continue to use a broad range of approaches to achieve outcomes.

7.2.5 Evidence-Based Planning

Nearly half of the programs have an evaluation capacity built into them – they either have been evaluated or are currently undergoing evaluation. This will provide a solid foundation for decision making. However, other initiatives do not incorporate evaluation.

As well, the need for greater links with the research community has been identified in the body of this report, along with the need to share information about successes and best practices, to avoid duplication of effort, share the findings of this and other relevant scans/research, and reduce respondent burden.

Action/Recommendation:

7. Evidence-Based Decision Making, Knowledge Development and Exchange

- Ensure programs and initiatives have an evaluative component built into their work so as to provide the evidence needed for what works and what does not.
- Establish mechanisms for sharing information about programs offered in the region, research and evaluation results (in easy-to-use form), and best practices. Also explore other mechanisms to share information, network, and build partnerships on an Atlantic-wide basis so as to avoid duplication of effort. Consider establishment of a clearinghouse to maintain a body of literature – evaluation, research, programs, environmental scans, and the like that are relevant to the region.
- Assist in the development of links with the research community.

SECTION 8

CONCLUSION

All four provinces in Atlantic Canada have strategies in place covering both healthy eating and physical activity, the two main risk factors for the development of type 2 diabetes. In addition, there are a variety of other related strategies and initiatives taking place at the national, Atlantic-wide, provincial, regional, and community levels.

Significant progress has been made in the last six years. Much more coordination and integration of efforts is in place to promote healthy living. Instead of what appeared to be a loose collection of programs and initiatives in the last scan, there is greater effort to link initiatives, develop coordinated strategies, plan social marketing campaigns and the like, and to encapsulate the physical activity initiatives and nutrition/healthy eating initiatives under one integrated strategy in recognition of their contribution to chronic disease prevention.

One notable development that has contributed to the strength of this progress is formation of the healthy eating and active living alliances, which have been instrumental in influencing the development of strategies as well as being key partners in implementation. Long-term sustainable funding at a sufficient level is the most significant constraint affecting the degree of future progress in this area. The greatest opportunities lie with the commitment of governments to act on these two key risk factors, as evidenced by their involvement in provincial strategies and the strength of the extensive network of partners participating in the healthy living alliances which provide a strong foundation for intersectoral action. Partnerships have proven to be a critical success factor in ensuring organizations achieve their common goals in this area.

The incidence and prevalence of diabetes in Atlantic Canada, its association with physical inactivity and obesity rates in the region, the costs/economic burden of diabetes, and the implications for the well-being of individuals with diabetes provides a solid rationale for engaging in health promotion to address these factors and creates a "call to action" for all stakeholders. The healthy eating and active living strategies will guide the work of the four Atlantic provinces and will serve as the springboard for action in the upcoming years.

APPENDIX A

A DIABETES PRIMER[27]

DIABETES is a condition in which the body either cannot produce insulin or else cannot effectively use the insulin it produces.

INSULIN is a hormone produced by the beta cells of the pancreas that helps to regulate the amount of glucose in the blood. If the pancreas is unable to produce insulin, a person develops type 1 diabetes and must administer insulin through injections. If the pancreas does not produce enough insulin, or the body cannot use the insulin that is produced, a person develops type 2 diabetes and may require oral medication or insulin injections.

TYPE 1 DIABETES (previously known as insulin-dependent diabetes mellitus) occurs when the pancreas is unable to produce insulin. It is caused by the destruction of the beta cells in the pancreas by the body's immune system. It usually develops in childhood or adolescence but may appear at any age. At this time there is no known means of preventing type 1 diabetes.

TYPE 2 DIABETES (previously known as non-insulin-dependent diabetes mellitus) occurs when the pancreas does not produce enough insulin to meet the body's needs or the insulin is not used effectively. It is a highly preventable condition, usually diagnosed after the age of 35. It accounts for 90% of all diabetes. Type 2 diabetes is usually treated through healthy eating and physical activity, although some people must also take oral medication or insulin injections.

PRIMARY PREVENTION of diabetes includes activities that are aimed at preventing diabetes from occurring in susceptible people or populations through modifications to the environment and changing behavioural risk factors. This covers any changes undertaken prior to development of clinical diabetes. There are two broad approaches to primary prevention of diabetes. One is the population approach, which targets risk factors in a whole population or group. The second is targeted towards reducing the risk factors for individuals.

SECONDARY PREVENTION of diabetes covers methods such as screening to detect diabetes as early as possible in order to reverse or halt side effects.

TERTIARY PREVENTION of diabetes includes any measure undertaken to prevent complications and disability due to diabetes, among people who already have the disease.

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[27] Excerpted from Lilley, op.cit.

APPENDIX B

THE DETERMINANTS OF HEALTH

Income, income distribution, and social status: Research indicates that income and social status are the single most important determinants of health. Studies show that health status improves at each step up the income and social hierarchy. In addition, societies which are reasonably prosperous and have an equitable distribution of wealth have the healthiest populations, regardless of the amount they spend on health care.

Social support networks: Better health is associated with support from families, friends, and communities. Some studies conclude that the health effect of social relationships may be as important as established risk factors such as smoking, obesity, high blood pressure, and a sedentary lifestyle.

Education: Health status improves with the level of education and literacy, including self-ratings of positive health or indicators of poor health such as activity limitation or lost work days. Education increases opportunities for income and job security, and provides people with a sense of control over life circumstances – key factors that influence health.

Employment and working conditions: People who have more control over their work circumstances and fewer stress-related demands on the job are healthier. Workplace hazards and injuries are significant causes of health problems. Moreover, unemployment is associated with poorer health.

Social environments: Societal values and rules affect the health and well-being of individuals and populations. Social stability, recognition of diversity, safety, good human relationships, and community cohesiveness provide a supportive social environment which mitigates risks to optimal health.

Physical environment: Physical factors in the natural environment such as air, water, and soil quality are key influences on health. Factors in the human-built environment such as housing, workplace safety, community and road design are also important factors.

Healthy child development: The effect of prenatal and early childhood experiences on health in later life, well-being, coping skills, and competence is very powerful. For example, a low birth weight links with health and social problems throughout the lifespan. In addition, mothers at each step up the income scale have children with higher birth weights, on average, than those on the step below.

Personal health practices: Personal practices such as smoking, use of alcohol and other drugs, healthy eating, physical activity, and other behaviours affect health and well-being. Many of Canada's most common health problems are linked to these practices.

Individual capacity and coping skills: Social environments that enable and support healthy choices and lifestyles, as well as people's knowledge, intentions, behaviours, and coping skills for dealing with life in healthy ways, are key influences on health.

Biology and genetic endowment: The basic biology and organic make-up of the human body are fundamental determinants of health. Inherited predispositions influence the ways individuals are affected by particular diseases or health challenges.

Health services: Health services, especially those designed to maintain and promote health, prevent disease and injury, and restore health, contribute to population health.

Gender: Refers to the many different roles, personality traits, attitudes, behaviours, relative powers, and influences which society assigns to the two sexes. Each gender has specific health issues or may be affected in different ways by the same issue.

Culture and ethnicity: Derive from both personal history and wider situational, social, political, geographic, and economic factors.

APPENDIX C

THE COSTS OF DIABETES

THE COSTS OF PHYSICAL INACTIVITY IN NOVA SCOTIA[28]

It is estimated that physical inactivity costs the Nova Scotia health care system $66.5 million a year in hospital, physician and drug costs alone, equal to 4% of total government spending on these services. When all direct health care costs are added, including private expenditures, a sedentary lifestyle costs Nova Scotians $107 million a year in direct medical care expenditures… and an additional $247 million each year in indirect productivity losses due to premature death and disability. Adding direct and indirect costs, the total economic burden of physical inactivity in Nova Scotia is estimated at $354 million annually.

More than 700 Nova Scotians die prematurely each year due to physical inactivity, accounting for 9% of all premature deaths. These premature deaths result in the loss of more than 2,200 potential years of life every year in the province before age 70. In other words, if all Nova Scotians were physically active, the province would gain 2,200 productive years of life each year, with corresponding gains to the economy.

If just 10% fewer Nova Scotians were physically inactive – that is, if the rate of physical inactivity were 56% instead of 62% – the province could save an estimated $4.6 million every year in avoided hospital, drug, and physician costs, and $7.5 million in total health care spending. Added to an estimated $17 million in productivity gains, total economic savings to Nova Scotia from a 10% reduction in physical inactivity amount to $24.7 million.

THE COSTS OF OBESITY IN NOVA SCOTIA[29]

... excess weight and obesity cost the Nova Scotia economy more than $140 million a year in productivity losses. Added to the estimated $120 million in direct health costs, it is possible to conclude that obesity costs Nova Scotians more than $250 million a year. Only the illnesses resulting from obesity are included in the estimate.

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[28] Excerpted from Colman, *The Costs of Physical Inactivity in Nova Scotia*, op. cit.
[29] Excerpted from Colman, *The Cost of Chronic Disease in Nova Scotia*, op. cit.

THE RELATIONSHIP OF SOCIAL INEQUITY TO CHRONIC DISEASE[30]

Health is multidimensional, involving physical, psychological, social, and economic aspects. Social and economic factors are more influential than lifestyle.

Inequities in society stem from cultural, social, and economic systems that can be changed. These inequities lead to all types of chronic disease including communicable and non-communicable disease and mental illness. Low-income groups, on average, have higher rates of chronic disease and mortality than higher-income groups. Recent evidence shows that low-income groups also have more risk behaviours such as smoking, unhealthy diet, and lack of physical exercise, than groups with higher income. Researchers have spent a considerable amount of time debating the causes of inequities in health. This debate has centered around whether individual behaviours or social and economic conditions cause chronic disease. However, risk behaviours explain only about 25 to 30% of the difference in mortality. This implies that socioeconomic differences in mortality would persist even with improved lifestyle risk factors among the disadvantaged. Interventions to change adverse behaviours have been the main health promotion focus to date. However, these interventions have been more successful with higher-income groups than with lower-income groups, which have less options and less control over their lives. The result of these interventions is increased inequities. Evidence shows that interventions that focus on individual risk behaviours have a limited potential for decreasing health inequities. For strategies to affect root causes of inequity, they must focus on social and economic factors.

Atlantic Canada has more social, economic, and health inequities and higher rates of chronic disease than the rest of Canada.

The Atlantic provinces as a whole are characterized by a number of social, economic, and health inequities that have potential consequences for the health of the entire population. The region has a generally poorer health profile, lower incomes, higher rates of unemployment, and a smaller proportionate share of the national wealth than the rest of Canada. It also has higher rates of smoking, obesity, and physical inactivity, which are risk factors for non-communicable chronic disease and are symptoms of socioeconomic inequity. There are also marked differences both between and among the Atlantic provinces.

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[30] Excerpted from Hayward and Colman, op. cit., p. 16.

APPENDIX D

Diabetes Scan Survey

(disponible en français)

On behalf of the Atlantic Office of the Public Health Agency of Canada, I have been asked to gather information about healthy eating and active living and other activities which contribute to the prevention of diabetes in the region. Because the physical activity and healthy eating are the two primary modifiable risk factors for diabetes, we are most interested in these types of activities, although we know there are other factors which contribute to healthy lifestyles. The intent is to collect information about major policy and program initiatives, strategies, research, and services which are currently offered or upcoming by government and non-government organizations at the regional, provincial, or Atlantic-wide level.

If your organization is offering any such initiatives, could you complete the following for each initiative? Please complete a **separate form for each program**. Should you know of anyone else who should complete this form, please let us know or feel free to share it with them directly.

The following information will be included in a stakeholder inventory identifying diabetes prevention initiatives and contact people in the Atlantic region which will be made available to the public by the Public Health Agency of Canada. Information on question 13 will be grouped with others' responses in a summary report and comments will not be attributed to any individual or agency. Should you **not** wish the contact information (or other information) to be made public, please note this on your response. **PLEASE RETURN BY JUNE 9, 2006.**

1. Stakeholder name (s) – lead organization/department:__________________________

2. Geographic location and scope/catchment area:
   - ☐ Atlantic-wide
   - ☐ Province, specify: ____________________________
   - ☐ Region within a province, specify: ________________
   - ☐ Federal/national
   - ☐ Other, specify: ____________

3. Name of Initiative (strategies, programs, projects, initiatives, research, etc.):

   ____

   ____

   ☐ Current ☐ Planned (If planned, is funding secured? ☐Yes ☐No)

4. Primary Focus of Activity/Risk Factor Addressed:
   - ☐ Active Living
   - ☐ Healthy Eating
   - ☐ Both
   - ☐ Other, specify: ____________

5. Primary target audience (check as many as apply):
   - ☐ General Public (target unspecific)
   - ☐ Women/girls
   - ☐ Seniors
   - ☐ Children
   - ☐ At risk Population*
   - ☐ Acadian/Francophone
   - ☐ Adults
   - ☐ Men/ boys
   - ☐ Youth
   - ☐ Rural
   - ☐ Lower socio-economic status population
   - ☐ Persons with Disabilities
   - ☐ Ethno-cultural community, specify: ____________________
   - ☐ Other, specify: ____________

   * persons with a defined diagnosis of pre-diabetes

6. Mandate (primary aim or purpose of initiative):

7. Brief description of program/initiative:

8. Partners – partnering or supporting organizations:

9. Indicate the determinants of health which the project is addressing (see attached list for description of each determinant; check all that apply).
   - ☐ Social Support Networks
   - ☐ Physical Environments
   - ☐ Income and Social Status
   - ☐ Health Services
   - ☐ Employment and Working Conditions
   - ☐ Culture
   - ☐ Social Environments
   - ☐ Personal Health Practices and Coping Skills
   - ☐ Healthy Child Development
   - ☐ Gender
   - ☐ Education
   - ☐ Biology and genetic endowment
   - ☐ Other, specify: ________________________

10. *Principal* approach taken (check all that apply):
    - ☐ Developing Public Policy
    - ☐ Services for Individuals
    - ☐ Public Education
    - ☐ Research
    - ☐ Creating Supportive Environments
    - ☐ Advocacy to Influence Public Policy
    - ☐ Small group sessions
    - ☐ Community Capacity Building*
    - ☐ Developing Partnerships/Collaboration
    - ☐ Other, specify: ____________

    * Community capacity building is defined as enhancing the ability of the community to identify, mobilize, and address social and public health problems.

11. Has your initiative been evaluated or not?

☐ No

☐ Yes Copy of the evaluation report available? ☐ Yes ☐ No

Comments: ____

12. Key contact information for your organization:

Name: ______________________________
Title: ______________________________
Organization: ______________________________
Address: ______________________________
Phone: ______________________________
Fax: ______________________________
Email: ______________________________
Web site: ______________________________

13. Can you comment on what you see as the gaps, challenges, lessons learned, and opportunities to move forward to carry out work in this area?

Gaps:

____

____

Challenges:

____

____

Lessons Learned:

____

____

Opportunities to move forward:

____

____

14. Are there other groups with whom you think we should be speaking?

Thank you for your assistance. Please return this survey via:

EMAIL (preferred) to: **cmarshall@ns.sympatico.ca**

FAX to: **902-479-0155**

Questions?

Should you wish to discuss this, please contact Carolyn Marshall at the above email or at **902-479-0921.** Should you wish to speak to someone in French, please contact, Mandy Bouchard at 902-346- 2114 or mandy39@hfx.eastlink.ca.

Should you wish more information about the Diabetes Prevention and Promotion Contribution Program, please contact Rhonda Dean of the Public Health Agency of Canada at 902-426-2187 or Rhonda_Dean@phac-aspc.gc.ca.

APPENDIX E

NATIONAL ACTIVE LIVING INITIATIVES

Intersectoral

- Integrated Pan-Canadian Healthy Living Strategy
- Pan-Canadian Public Health Network
- Population Health Promotion Expert Group/Healthy Living Issue Group
- Chronic Disease and Injury Prevention and Control Expert Group
- Intersectoral Healthy Living Network

Federal/Provincial/Territorial

- Interprovincial Sports and Recreation Council (ISRC)
- Physical Activity and Recreation Committee (PARC)
- F-P/T Collaborative Plan of Action to Increase Physical Activity 2010
- SummerActive/WinterActive
- Joint Consortium for School Health

Federal Government Initiatives – PHAC

- Physical Activity/Healthy Living Contribution Program
- Physical Activity Guides
- Stairway to Health
- Business Case for Active Living at Work

Federal Government Initiatives – Other Departments

- Sport Canada: Canadian Sport Policy - Sport Participation
- Canadian Institutes of Health Research: Canada on the Move
- Environment Canada: The Commuter Challenge
- Parks Canada: Healthy Parks/Healthy People
- Social Development Canada: New Horizons for Seniors Program

National physical activity non-government organizations ***(and their PHAC-supported initiatives in the area of physical activity/healthy living)***

- Coalition for Active Living *(Pan-Canadian Physical Activity Strategy)*
- Active Living Alliance for Canadians with a Disability *(Healthy Living Strategy for Canadians with a Disability)*
- Active Living Coalition for Older Adults *(Promoting Healthy Living by Making Research More Accessible)*
- Canadian Association for the Advancement of Women and Physical Activity *(On the Move)*
- Canadian Association for Health, Physical Education, Recreation, and Dance *(Active Healthy School Communities)*
- Canadian Association for Independent Living Centres *(Healthy Lifestyles for Independent Living)*
- Canadian Childcare Federation *(Quality Environments & Best Practices to*

Support Physical Activity in the Early Years)
Canadian Fitness and Lifestyle Research Institute *(Physical Activity and Sports Benchmark Monitoring Program)*
Canadian Paediatric Society *(Healthy Kids, Active Kids)*
Canadian Parks and Recreation Association *(Everybody Gets to Play)*
Easter Seals/March of Dimes *(Active Living for Youth with Disabilities)*
Family Service Canada *(Families and Schools Together: Towards Active Living for Kids)*
Go For Green *(Active Transportation; Active & Safe Routes to School)*
National Indian and Inuit Community Health Representatives Organization *(Come Meet the Challenge: Physical Activity Initiative in Aboriginal Communities Resource Kit)*

Source: Derived in part from Public Healthy Agency of Canada, *Overview of Healthy Living in Canada: Preparatory Documents and Summaries*, prepared by Ruth Hawkins, Healthy Communities Division, for the Pan American Health Organization/World Health Organization Workshop on the Implementation of the Global Strategy on Diet, Physical Activity and Health (DPAS) in Latin America and the Caribbean, April 25-28, 2006, San José, Costa Rica.

APPENDIX F

GOVERNMENT OF CANADA HEALTHY EATING INITIATIVES

The Government of Canada's response to the 1992 International Conference on Nutrition was the document, *Nutrition for Health: An Agenda for Action* (1996), aimed at ensuring the integration of nutrition considerations into health, agriculture, education, and social and economic policies and programs. The *Agenda* was the result of a multi-sectoral, Canada-wide consultation. It built on Canada's Framework for Population Health, identified priority areas for action, considered the implications of the international context, and included indicators to monitor change in conditions related to nutritional health. The strategic directions included reinforcing healthy eating practices, supporting nutritionally vulnerable populations, and continuing to enhance the availability of foods that support healthy eating.

Canada's Action Plan for Food Security: A Response to the 1996 World Food Summit, was launched in 1998 and continues to be the operative framework. It is a national plan of action to achieve food security both domestically and internationally, to ensure that "all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life." Key components of food security include production or availability of nutritionally adequate and safe food and access or capacity to acquire nutritionally adequate and safe food.

Canada's federal, provincial, and territorial health ministers have committed themselves to work with agriculture ministers on a National Food Policy Framework. They have discussed the development of a comprehensive approach coordinating policy direction and decision making on food issues to further strengthen consumer confidence, health protection, and economic growth. Food safety, food security, healthy eating, and the creation of supportive environments for a healthy food supply are areas under discussion.

Health Canada works with the provincial and territorial governments and a wide variety of other stakeholders to develop and implement a number of policies that affect nutrition. Health Canada's Office of Nutrition Policy and Promotion (ONNP) provides a focal point for nutrition within the federal government and national leadership in promoting and supporting healthy eating. The ONPP provides leadership and co-ordination to the Federal/Provincial/Territorial Group on Nutrition (FPTGN) and coordinates a Network on Healthy Eating.

Health Canada is revising *Canada's Food Guide to Healthy Eating* to reflect current needs and nutrient recommendations. As the most widely used piece of nutrition education material in the country, it has a significant influence on eating habits and is designed to support food choices that promote and protect health.

Both Health Canada and PHAC are member organizations of the Chronic Disease Prevention Alliance of Canada (CDPAC), a coalition of voluntary and public sector organizations that share a common vision of integrated chronic disease prevention in Canada. The focus of the CDPAC is on three chronic diseases: cancer, cardiovascular disease, and diabetes. Because these diseases share three risk factors – physical inactivity, poor nutrition, and tobacco use – the organization is providing support for related initiatives in areas of healthy eating and active living.

Some other examples of key nutrition-related initiatives undertaken by the Government of Canada include:

- Canada Prenatal Nutrition Program (CPNP): This is a comprehensive program designed to provide food supplementation, nutrition counselling, support, education, referral, and counselling on lifestyle issues to pregnant women who are most likely to have unhealthy babies. It is also intended to reduce disparities in health for at-risk pregnant women by improving accessibility of services, enhancing intersectoral collaboration, and increasing the number of women having healthy babies.

- The Food Mail Program allows qualified remote northern communities to bring in nutritious foods such as fresh fruit and vegetables and milk by air at reduced transportation costs.

- National Nutrition Labeling Policy: The policy and regulations published in January 2003 makes it easier for consumers to compare food products and make informed choices consistent with personal health goals.

- Diabetes Strategies: The Canadian Diabetes Strategy has funded numerous integrated chronic disease prevention initiatives. The Aboriginal Diabetes Initiative is designed to provide a more comprehensive, collaborative, and integrated approach to decreasing diabetes and its complications among Aboriginal peoples.

Note that this is not an exhaustive list.

Source: Excerpted from the Atlantic Health Promotion Research Centre's HEAL Database and Policy Scan (2005).

APPENDIX G

OTHER SCANS AND WEB SITES IDENTIFYING PROGRAMS

SCANS

Scans of both active living programs and healthy eating initiatives across Canada have been undertaken by several different organizations, some of which are mentioned here:

Synthesis and Analysis of Environmental Scans on Healthy Living-related Policies, Programs and Initiatives, prepared for the Federal/Provincial/Territorial Healthy Living Task Group, May 2005.

A Synthesis Report – Nutrition and Healthy Eating Strategies in Canada and Other Jurisdictions, prepared by Carmen Connolly for the Nutrition Planning Group, February 2005.

Integrated Chronic Disease Prevention: A Brief Synthesis of Canadian Initiatives, Chronic Disease Prevention Alliance of Canada, April 2004, www.cdpac/ca/index.asp

Healthy Eating and Active Living (HEAL) Policy and Initiatives Scan, Summary Report, prepared by Carolyn Marshall for the Atlantic Health Promotion Research Centre, Dalhousie University, and the Atlantic Wellness Strategy Coordinating Committee, June 2003, www.ahprc.dal.ca/heal/index.cfm

WEB SITES

There are also web sites listing initiatives and programs related to healthy eating, physical activity, or both. Although the degree to which they are current is affected by the frequency with which they are updated, these provide additional sources of information on programs which may not have been identified in this scan.

HEAL is a searchable database of the Atlantic Health Promotion Research Centre, which contains an inventory of healthy eating and active living programs across the country (www.ahprc.dal.ca/heal/index.cfm).

The ActiveKidsNS.ca web site at www.activekidsns.ca/Inventory/index.cfm, maintained by Recreation Nova Scotia, lists an inventory of provincial and national programs, resources, and tools that support physical activity for children, youth, and the community in general. There is a brief description and a link to different sites that provide details and contact information. The web site is searchable by keywords, setting, target group, or all of them.

APPENDIX H

DIABETES PREVENTION INVENTORY OF INITIATIVES

NATIONAL (4)

NAME OF INITIATIVE: National School Challenge (current)

Stakeholder name: Canadian Association for Health, Physical Education, Recreation and Dance (CAHPERD), Communications Department
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: Youth, Children

Mandate: The National School Challenge program provides physical activity challenges for children and youth. The program helps to demonstrate to children and youth that physical activity is fun and enjoyable, with the hope of inspiring in them a long-term commitment to lead a physically active and healthy lifestyle.

Description of program/initiative: A one-day physical activity challenge that can easily be implemented by teachers or community leaders. Instructions and resources are provided well in advance of the challenge date. Schools or community groups must register on our web site to participate. The program does encourage schools to involve the community and invite community members and parents to participate in the physical activity challenges.

Partners: not specified
Determinants of health addressed: Social Support Networks, Education
Principal approach taken: Public Education.
Has initiative been evaluated? No

Key contact information:

Name:	Vicky Bisson
Title:	Communications Manager
Organization:	CAHPERD
Address:	301 - 2197 Riverside Drive, Ottawa ON K1H 7X3
Phone:	(613) 523-1348 ext 228
Fax:	(613) 523-1206
Email:	vicky@cahperd.ca
Web site:	http://www.cahperd.ca

NAME OF INITIATIVE: EATracker ™ (current)

Stakeholder name: Dietitians of Canada
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: General Public

Mandate: EATracker™ assesses food choices and provides personalized feedback on total intake of energy (calories) and essential nutrients and compares this to what is recommended for age, gender, and activity level. It also determines body mass index (BMI) and provides information to help you achieve and maintain a healthy weight.

Description of program/initiative: In 2005 Dietitians of Canada launched the Eating + Activity Tracker (EATracker) at www.dietitians.ca/eatracker – a web-based tool where you can track your day's food and activity choices. The tool provides personalized feedback on your total intake of energy (calories) and essential nutrients based on recommendations for your age, gender and activity level. Your body mass index (BMI) is calculated so you can determine if your weight falls within a healthy range. The Eating Diary helps you track your food and beverage choices. The Activity Diary lets you track all of your daily activities. Information entered into these diaries is used to produce a personalized assessment of your energy, nutrient and food group intake, your activity level and your body mass index (BMI). Along with the Daily Assessment, EATracker provides tips and links to valuable information to guide improvements in your food choices and overall fitness level. Visitors can track their current food and activity choices, but you can also review your progress over time. Access available through a visit to www.dietitians.ca/eatracker.

Partners: The technical development of the Eating and Activity Tracker was supported by an unrestricted educational grant from Nestlé Canada.
Determinants of health addressed: not specified
Principal approach taken: Services for Individuals, Public Education, Creating Supportive Environments
Has your initiative been evaluated? No

Key contact information:
Organization: Dietitians of Canada
Address: 480 University Ave, Suite 604, Toronto ON M5G 1V2
Phone: (416) 596-0857
Fax: (416) 596-0603
Email: http://www.dietitians.ca/public/content/contact_us.asp
Web site: http://www.dietitians.ca

NAME OF INITIATIVE: Healthy Eating in Store for You – HESY™ (current)

Stakeholder name: Dietitians of Canada and Canadian Diabetes Association
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: General Public, Adults

Mandate: The resource is focused on the potential of point of purchase and retail nutrition labelling education. Literacy level is grade 12 or over.

Description of program/initiative: Healthy Eating is in Store for You™ (HESY) is a project that will help consumers make healthy food choices through better use of the nutrition information on the label of packaged foods. The Canadian Diabetes Association and Dietitians of Canada have joined forces to bring this program to you. Funding for the project was received from Health Canada through the Canadian Diabetes Strategy Prevention and Promotion Contribution Program. The HESY education program provides a step-by-step educational approach to using the nutrition information on packaged food labels for community health educators. It is designed for use in a variety of community-based settings, including grocery retail outlets, community recreation centres, seniors' centres, and diabetes education centres, with any of the target populations. Resources that have been created include an Instructor kit with two modules which includes detailed instructions on the step-by-step educational process for nutrition labelling education and guidance on preparing for, setting up and teaching the modules; includes an Instructor Guide, Instructor Sheets, Fact Sheets, FAQ sheets, Activity sheets, and supplementary sheets for people with diabetes. All have been focus tested.

Partners: Dietitians of Canada and Canadian Diabetes Association.
Determinants of health addressed: Personal Health Practices and Coping Skills
Principal approach taken: Public Education, Developing Partnerships/Collaboration, Creating Supportive Environments
Has your initiative been evaluated? Yes

Key contact information:
http://www.dieticians.ca
http://www.healthyeatingisinstore.ca/program_resources.asp

NAME OF INITIATIVE: Diabetes Environmental Scan for Alberta 2001 (current)

Stakeholder name: Dietitians of Canada, Alberta and Territories
Geographic location and scope/catchment area: Alberta and Territories
Primary Focus of Activity/Risk Factor Addressed: Other, specify: environmental scan
Primary target audience: not specified

Mandate: The purpose of the environmental scan was to gain understanding of the existing programs and services, barriers and opportunities that are relevant to diabetes (type 1, type 2 and gestational) and to determine the key stakeholders and their respective roles in addressing diabetes.

Description of program/initiative: The environmental scan consisted of a literature review, collection and analysis of data on the incidence and prevalence of diabetes, surveys of regional health authorities and other organizations involved in diabetes, including a sample of the corporate retail pharmacy sector. Complete report is available at www.dietitians.ca/resources/Alberta_scan_diabetes.pdf

Partners: Funding for the project was provided by Prevention and Promotion Contribution Program of Health Canada
Determinants of health addressed: not specified
Principal approach taken: Developing Public Policy, Advocacy to Influence Public Policy, Research
Has initiative been evaluated? Not specified

Key contact information:

Name:	Jayne Thirsk
Title:	Regional Executive Director, Alberta and Territories
Organization:	Dietitians of Canada
Address:	PO Box 74090, Strathcona Postal Outlet, Calgary AB T3H 3B6
Phone:	403-217-5211
Fax:	403-217-5212
Email:	jthirsk@dietitians.ca
Web site:	http://www.dietitians.ca

ATLANTIC-WIDE (1)

NAME OF INITIATIVE: Aboriginal Diabetes Initiative (ADI) Program (current)

Stakeholder name: First Nations and Inuit Health Branch (FNIHB), Health Canada - Aboriginal Diabetes Initiative (ADI) Program
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: Adults, Women/girls, Men/ boys, Seniors, Youth, Children, At-risk Population, Ethno-cultural community (Aboriginals)

Mandate: The purpose of the Aboriginal Diabetes Initiative (ADI) Program is to address the high rates of diabetes and its complications, and provide First Nations and Inuit communities with opportunities to design, develop, and participate in projects to address diabetes within their communities. The ADI program aims to create a holistic environment for good health, lifestyle changes, community linkages and partnerships.

Description of program/initiative: The ADI program is comprised of 2 programs: First Nations On-Reserve and Inuit in Inuit Communities (FNOIIC) and the Metis, Off-Reserve Aboriginal and Urban Inuit Prevention and Promotion Program (MOAUIPP). The ADI program addresses the epidemic of diabetes among Aboriginal people by focusing its efforts in 3 main areas: 1) Care and Treatment 2) Prevention and Promotion and 3) Lifestyle Support. In the Atlantic region, specifically the Maritimes, there are 2 ADI consultants in NB based out of the Union of New Brunswick Indians and the MAWIW Council Inc. and 2 ADI consultants in NS based out of The Confederacy of Mainland Mi'kmaq and the Union of Nova Scotia Indians. This program has offered numerous programs and services throughout the First Nations and Inuit communities in NS and NB such as healthy lifestyle programs, health and wellness fairs, diabetes screening clinics, community walking programs, cooking classes, group education workshops, submission of monthly articles in the Mi'kmaq Maliseet Nations News, diabetes prevention and promotion activities in First Nations Schools, and community health center staff education workshops.

Partners: Government partners include the District Health Authorities, local diabetes centres, FNIHB, Regional Health Boards, DCPNS, provincial sport and recreation commissions, Public Health Services, Canada Prenatal Nutrition Program, Aboriginal HeadStart program, Home and Community Care program, and other national/provincial/local ADI programs. Non-government organization partners include Pharmaceutical companies, Canadian Cancer Society, Canadian Diabetes Association, Canadian National Institute for the Blind, The Kidney Foundation of Canada, Heart and Stroke Foundation, Sobeys/Superstore Healthy Lifestyle programs, and the community health centre representatives and nurses working on the reserves.
Determinants of health addressed: Social Support Networks, Personal Health Practices and Coping Skills, Income and Social Status, Healthy Child Development, Health Services, Education, Culture, Biology and genetic endowment

Principal approach taken: Advocacy to Influence Public Policy, Services for Individuals, Small group sessions, Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Yes

Key contact information:

Name:	Brenda Roos	
Title:	Regional Nurse Manager and ADI Program Manager	
Organization:	First Nations and Inuit Health Branch - Health Canada	
Address:	Office Address: Ste. 305, Heritage Court 95 Foundry Street Moncton NB	Mailing Address: Ste. 1525, Maritime Centre 1505 Barrington Street Halifax NS B3J 3Y6
Phone:	(506) 851-7104	
Fax:	(506)-851-7369	
Email:	brenda_roos@hc-sc.gc.ca	
Web site:	http://www.hc-sc.gc.ca/fnih-spni/diseases-maladies/diabete/index_e.html	

NEW BRUNSWICK (25)

NAME OF INITIATIVE: Active Communities Grant Program (current)

Stakeholder name: Department of Wellness, Culture and Sport
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: General Public

Mandate: A grant program aimed at increasing both opportunities for New Brunswickers to engage in physical activity and awareness of the benefits to be gained from it.

Description of program/initiative: This Grant Program will provide support for activities and projects that raise awareness of the importance of physical activity and provide new or expanded opportunities for New Brunswickers to be active. All applicants must come from, or be partnered with a community organization. Organizations eligible to apply for Active Communities Grant Program funding include:

- Non-profit volunteer organizations and groups; community-based coalitions and networks; professional organizations and associations
- Communities/Municipalities.

Partners: community groups
Determinants of health addressed: Physical Environments, Personal Health Practices and Coping Skills, Culture
Principal approach taken: Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Yes. Comments: Currently being evaluated.

Key contact information:

Name: Cindy Dickie or Suzanne Mason
Title: Provincial Consultant, Culture and Sport Secretariat, SRAL Branch
Organization: Dept of Wellness, Culture, and Sport
Address: Place 2000, 250 King Street, PO Box 6000
Fredericton NB E3B 5H1
Phone: (506) 453-3361
Fax: (506) 453-6458
Email: cindy.dickie@gnb.ca or suzanne.mason@gnb.ca
Web site: http://www.gnb.ca/0131/acgp-e.asp

NAME OF INITIATIVE: Active Kids Tool Kit (current)

Stakeholder name: Department of Wellness, Culture and Sport
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: Other: Adults/facilities who provide services to children age 5 and under (e.g., day care centres, Family Resource Centres, libraries, etc.)

Mandate: To increase physical activity participation in children age 5 and under.

Description of program/initiative: Tool kits have been developed for a variety of child care facilities (daycares, family resource centres, libraries, etc.) to increase awareness of the benefits of physical activity and to encourage more physical activity among children attending these facilities.

Partners: Family and Community Services, day care centres, private caregivers, Family Resource Centres, libraries
Determinants of health addressed: Social Support Networks, Physical Environments, Personal Health Practices and Coping Skills, Healthy Child Development, Education
Principal approach taken: Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Yes

Key contact information:

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NAME OF INITIATIVE: Baby Friendly Initiative (current)

Stakeholder name: NB Department of Health (Public Health Branch)
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Women/girls, Children, Other: mothers and newborns, health care professionals

Mandate: Promote, Protect and Support breastfeeding through the evidence-based Baby Friendly Initiative as a strategy to increase the health and well being of children and families.

Description of program/initiative: Announced in January of 2006, the Hospitals, Community Health Centres and Public Health offices will work toward becoming Baby-Friendly. The Baby-Friendly Initiative is an international program to optimize breastfeeding outcomes for mothers and babies by creating a health care environment where breastfeeding is the norm and by improving the quality of care through incorporation of evidence-based practices to protect, promote and support breastfeeding in hospitals and in the community.

Partners: Regional Health Authorities, Healthy Baby and Me (Canada Prenatal Nutrition Program), La Leche League (LLL), University of New Brunswick
Determinants of health addressed: Social Support Networks, Personal Health Practices and Coping Skills, Healthy Child Development, Health Services
Principal approach taken: Developing Public Policy, Services for Individuals, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? No, not yet! Comments: This initiative was just announced last January. We are planning to evaluate it.

Key contact information:

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NAME OF INITIATIVE: 1.Diabetes Education on-line learning program
2. Healthy Living Clinic

Stakeholder name: Diabetes Education Saint John Regional Hospital
Geographic location and scope/catchment area: New Brunswick Region 2
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: Adults, Women/girls, Men/ boys, Seniors, At-risk Population

Mandate:
1. To allow all patients with diabetes to access service to Education (diabetes).
2. To allow well patients with 2 or more risk factors and waist circumference >30 to begin a healthy living plan including diet and exercise program.

Description of program/initiative: Patients will be given secure access to site will be asked to link to the other web site to read certain information on diabetes. Will be asked to enter weight, BP, blood glucose and activity level.

Partners: 1. AHSC and Anyware Group; 2. Saint John Aquatic Centre
Determinants of health addressed: Health Services, Education
Principal approach taken: Services for Individuals, Public Education, Community Capacity Building, Developing Partnerships/Collaboration
Has initiative been evaluated? No

Key contact information:
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Web site: http://www.ahsc.health.nb.ca

NAME OF INITIATIVE: Diabetes Teaching (current)

Stakeholder name: Extra-mural Health Region #6 Program
Primary Focus of Activity/Risk Factor Addressed: Other: Professional Development – Diabetes Teacher
Primary target audience: General Public, Other: Diabetes patients admitted to the program

Mandate: Insuring the formation of professional health care workers in order to gain diabetes information to educate patients and help them take charge of their illness (diabetes). It is the responsibility of the patient.

Brief description of program/initiative: Professional development of diabetes educators. We have a program to teach diabetics.

Partners: not specified
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Income and Social Status, Health Services, Employment and Working Conditions, Education, Culture
Principal approach taken: Services for Individuals
Has initiative been evaluated? No

Key contact information:

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Web site:	http://www.santeacadie-bathursthealth.ca/home.htm

NAME OF INITIATIVE: Early Childhood Initiatives (current)

Stakeholder name: NB Department of Health (Public Health Branch)
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Women/girls, Children, Lower socio-economic status population, Other: pre and post natal to age 5, pregnant women

Mandate: To provide support to pregnant mothers, mothers of young children and children under 5 to better prepare children for school; program includes a nutrition component to support healthy eating.

Description of program/initiative: This pre and post-natal nutrition program provides supports including nutritional assessment and counselling to eligible pregnant women and to their children post birth. In addition, vitamin supplements and milk are provided to those meeting the financial eligibility criteria. Pregnant women are able to access the services of a public health nutritionist. Children are assessed at birth and followed by a public health nurse. From birth to 6 months, eligible children are also provided with nutritional supplements/formula. Families also receive referrals to needed services such as day care, early intervention programming, health and other related services.

Partners: Department of Family and Community Services, the Federal Community Action Program for Children, family resource centres
Determinants of health addressed: Social Environments, Personal Health Practices and Coping Skills, Healthy Child Development
Principal approach taken: Developing Public Policy, Services for Individuals, Developing Partnerships/Collaboration, Other: not specified
Has your initiative been evaluated? Not specified

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NAME OF INITIATIVE: Écoles en santé francophones

Stakeholder name: Mouvement Acadien des Communautés en Santé du Nouveau-Brunswick (MACS-NB)
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: Women/girls, Youth, Children, At-risk Population, Lower socio-economic status population, Acadian/Francophone

Mandate: Works to improve student health based on needs identified by the students themselves. In the school environment, promote health in its broadest sense: physical, social, mental and spiritual health.

Description of program/initiative: Helps students take charge of and improve the health of students at their school. The process is undertaken by and for students (creation of a health committee, identification of needs, planning and implementation of activities, assessment). For further information, visit www.ecoleensante.com.

Partners: All health committees include students (ideally, six students from sixth through eighth grade, one parent representative (to provide a link between the school and families), one or two school representatives (to provide a link between the committee and the school). According to the needs identified and activities undertaken by the committee, various partnerships may be created with community resources or agencies: local community health committee, regional health board, local companies (dietician from Sobeys or the Superstore), municipal parks and recreation department for resource sharing, police department for walking activities that take place off school grounds, etc.
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping skills, Healthy Child Development, Culture. **Principal approach taken:** Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has inititiave been evaluated? Yes

Key contact information:
Name: Barbara Losier (Director, MACS-NB) and Nathalie Boivin (Coordinator, Réseau francophone d'écoles en santé)
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Web site: http://www.ecoleensante.com ou www.macsnb.ca

NAME OF INITIATIVE: Healthy Active Living Plan for the 50Plus (Province of NB) Community Leadership Development (current)

Stakeholder name: Aîné.e.s en marche/Go Ahead Seniors
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating, and Other: see summary of activities 2005-2006 and pamphlet Healthy Active Living for the 50Plus
Primary target audience: General Public, Adults, Seniors, Rural, At-risk Population, Acadian/Francophone, Persons with Disabilities, Other: First Nations, Youth

Mandate: Go Ahead Seniors, as described in its philosophy (corporative culture of the company) is to offer information to those aged 50plus in the province and their groups (and on occasion to other age groups) and in various domains that will help them maintain their health, their autonomy and play a role as leader in the collective environment.

Description of program/initiative: Provides information on several key lifestyle choices (Understanding Aging, Healthy Aging, Importance of Physical Activity, Wise Medication Use, Importance of Healthy Eating, Managing Stress, Falls Prevention, and Personal Safety and Housing Considerations).

Partners:

- New Brunswick Senior Citizen's Federation (NBSCF), Tel: (506) 857-8242
- Volunteer Centre of the Acadian Peninsula, Tel: (506) 727-1860
- Universities
- Health professionals

Within each provincial region, a bank of resources (personnel) is established. This bank includes: 1. Other organizations with similar goals. 2. Go Ahead Seniors Volunteers. 3. Organizations that donate their facilities. These people and organizations all collaborate in order to succeed with Go Ahead Seniors.
Determinants of health addressed: Other: Determinants of health as defined by health.
Principal approach taken: Small group sessions, Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Other: During 3 consecutive years (2003, 2004, 2005) information sessions and 3 days seminars were organized in 5 provincial regions (2 Anglophone, 2 francophone and 1 both). The subjects of study were:

a) determinants of health, their complex interactions and which seems to cause the most problems that need to be resolved
b) public policy and suggestions in order to ensure success
c) simulation (certain strategies)

This project also helped to contribute to the regional coordinators and volunteer work to implement the Healthy Active Living Program at the heart of our province.
Has initiative been evaluated? An evaluation of the USA/HAL program was done in 1996. A second one will be completed in 2006.

Key contact information:

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NAME OF INITIATIVE: Healthy Eating Grant Program for Schools (grades 6, 7, 8) (current)

Stakeholder name: Department of Wellness, Culture and Sport
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Youth (aged 12-14)

Mandate: To increase consumption of fruits and vegetables among New Brunswick students in grades 6, 7, 8.

Description of program/initiative: This initiative is part of the healthy eating pillar of the Provincial Wellness Strategy. The program provides funding for schools with grades 6, 7, and 8 ($1000 per school plus $2 for each student in grades 6, 7, and 8) to support school-based activities that raise awareness of the importance of eating vegetables and fruit for good health.

Partners: Department of Education, Regional Health Authorities, N.B producers
Determinants of health addressed: Physical Environments, Personal Health Practices and Coping Skills, Income and Social Status
Principal approach taken: Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Will be in the future.

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NAME OF INITIATIVE: Healthy Eating Physical Activity Coalition Strategic Priorities 2006/07 (current)

Stakeholder name: Healthy Eating Physical Activity Coalition of New Brunswick (HEPAC)
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating and Physical Activity
Primary target audience: General Public, Adults, Children, Lower socio-economic status population

Mandate: The Healthy Eating Physical Activity Coalition of New Brunswick (HEPAC) is a network of community and government organizations and individuals who share a common vision of working collaboratively to create environments in New Brunswick that support healthy eating and physical activity. The existing structure consists of a Steering Committee, Affiliate and Advisor members. As well, a number of working groups have been established to advance HEPAC's priority work and common vision. Efforts are predominately volunteer-driven and are committed to promoting the health of all New Brunswick citizens through healthy eating and physical activity. The partnerships developed through HEPAC work to strengthen and expand efforts of all parties committed to primary prevention and health promotion through a population health approach. A population health approach focuses on factors that enhance the health and well being of the overall population. It is concerned with the living and working environments that affect people's health, the conditions that enable and support people in making healthy choices, and the services that promote and maintain health.

Description of program/initiative:
HEPAC Strategic Priorities 2005-2007:

1. Support regional healthy living workshops
2. Work to ensure healthy food choices in community recreation facilities
3. Engage municipalities to build capacity for healthy eating and physical activity
4. Promote healthy workplace cultures
5. Support healthy lifestyle participation within the school community
6. Create a provincial map of healthy eating and physical activity initiatives
7. Ensure a food-secure population.

Partners: NB Aboriginal Peoples Council, Association des traveilleurs et traveilleuses en loisir du N.-B., Canadian Cancer Society – NB Division, Private sector, Canadian Diabetes Association, Dietitians of Canada, Heart and Stroke Foundation of NB, NB Advisory Council on Youth, NB Healthcare Association, NB Physical Education Society, Medavie Blue Cross, Recreation New Brunswick, Sport NB, Department of Health and Wellness (Public Health), N.B. Heart Centre, GNB Wellness, Culture and Sport, GNB Dept of Education, GNB Dept of Environment, GNB Dept of Family and Community Services, GNB Dept of Health.
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Income and Social Status, Healthy Child Development, Employment and Working Conditions, Education

Principal approach taken: Small group sessions, Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments, Other: Influencing public policy
Has initiative been evaluated? No

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NAME OF INITIATIVE: Healthy Minds Program (current)

Stakeholder name: NB Department of Health (Public Health Branch)
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Children (in grades K-3)

Mandate: To provide children with a healthy breakfast to support learning

Description of program/initiative: Under this program, grants are provided to elementary schools (serving Kindergarten to grade 3) based on their population to support delivery of a breakfast program.

Partners: Dept of Education, schools, local partners
Determinants of health addressed: Social Environments, Personal Health Practices and Coping Skills, Healthy Child Development
Principal approach taken: Developing Public Policy, Developing Partnerships/Collaboration, Creating Supportive Environments, Other: school-based services to children
Has your initiative been evaluated? Yes. Comments: The program was first introduced as a pilot program in 2 school districts (one English and one French) and was evaluated in 1999-2000 prior to province-wide implementation.

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NAME OF INITIATIVE: Joslin Diabetes Centre, Education Affiliate (Inauguration Oct 5, 2006)

Stakeholder name: Diabetic Education Centre, Chaleur Regional Hospital, Bathurst, NB
Geographic location and scope/catchment area: North East New Brunswick
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: General Public, Adults, Lower socio-economic status population, Acadian/Francophone

Mandate: To offer the best possible educated material available to our diabetic population. To enhance self-management and decrease complications.

Description of program/initiative: The Joslin Diabetes Centre is a world-renowned leader in diabetes education, research and care (centred in Boston).

Partners: not specified
Determinants of health addressed: Personal Health Practices and Coping Skills, Health Services, Education
Principal approach taken: Services for Individuals, Small group sessions, Public Education
Has initiative been evaluated? No

Key contact information:

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NAME OF INITIATIVE: Meals And More (current)

Stakeholder name: Meals and More
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Adults, Women/girls, Seniors, Youth, Rural, At-risk Population, Persons with Disabilities

Mandate: To allow individuals how to read and apply the nutritional information on packaged foods.

Description of program/initiative: Registered dietician provides "How to Read the Nutrition Information on Packaged Foods" workshop in the place chosen by the group. The workshop is based on the program from the Healthy Eating Is in Store For You program/web site. The program was developed in collaboration with Dietitians of Canada and the Canadian Diabetes Association.

Partners: not specified
Determinants of health addressed: Personal Health Practices and Coping Skills, Education
Principal approach taken: Small group sessions, Public Education
Has initiative been evaluated? Yes. Comments: The program of Healthy Eating is in Store for You has been evaluated. Refer to web site www.healthyeatingisinstore.ca

Key contact information:

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NAME OF INITIATIVE: Meals and More! Home delivery service of balanced nutritious frozen meals (current)

Stakeholder name: Meals And More.
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Adults, Seniors, Rural, At-risk Population, Lower socio-economic status population, Persons with Disabilities, Other: Individuals with mental health challenges

Mandate: Provide a balanced, nutritious meal allowing the individual to have choice and independence. Nutritional information is available for all the main meals, soups and desserts. Owner and delivery person is registered dietician. (All food is frozen.)

Description of program/initiative: Home delivery service of frozen meals.

Partners: Veteran's Affairs may subsidize the meals for their veterans that qualify. In New Brunswick, some citizens may qualify, after assessment, for financial assistance to purchase of the meals through the department of family and community services (only if living in South East NB).
Determinants of health addressed: Personal Health Practices and Coping Skills
Principal approach taken: Services for Individuals
Has your initiative been evaluated? No

Key contact information:

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NAME OF INITIATIVE: Mommies & Tummies (result of a Demonstration project 2002-2004 and 2004-2005 "Breastfeeding, Healthy Eating, Active Living: Natural Tools for Diabetes Prevention") (current)

Stakeholder name: Miramichi Regional Breastfeeding Committee
Chairperson: Aline Allain-Doiron RD, Nutritionist (Public Health); A Family Place/Le Cercle Familial Inc., Jeanne d'Arc Doucet – Administrator
Geographic location and scope/catchment area: Miramichi, New Brunswick
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating and Other: Breastfeeding
Primary target audience: Other: Pregnant Women and mothers with children under 24 months

Mandate: Participants who regularly attend "Mommies and Tummies" will demonstrate an increase in the following:

a) a positive change in lifestyle behaviour (food and active living)
b) activity in daily living
c) feelings of self-esteem and self-worth/self-mastery
d) initiation of or planning to initiate breastfeeding and maintenance of breastfeeding for at least six months.

The program goal is to prevent childhood and adult obesity, which is linked to Type 2 diabetes. The program aims to create an enabling environment for pregnant women and mothers of babies 24 months and younger (residing in communities served by Miramichi Regional Health Authority), to change their health behaviours, and to facilitate them breastfeeding their infants which provides the protective effects of breast milk.

Description of program/initiative: "Mommies and Tummies" is an effective, weekly, healthy living program with uniqueness, community support, volunteer and staff dedication, and elicits hands on input from the participants. Although women have the option of bringing their new babies or attending alone, all women tend to bring their baby which is wonderful and they enjoy the social interaction with other women with their babies close to the same age. The atmosphere is joyful and some women attend faithfully every week while others opt to drop in whenever convenient. The majority of participants are first time moms and belonging to "Mommies and Tummies" adds a sense of security, as they know questions asked will be answered by an available health professional. As women do tend to think more seriously about health prior to, during and after pregnancy, the childbearing years provide an opportune time to intervene with healthy options that could be carried through life for the mom and family.

This program is free for all that attend and there is no pressure to be committed to all three aspects of the project. All women are treated with respect and education does help them to make informed choices.

Monthly calendars are created and participant input is encouraged in the development. Themes relate to the three components; breastfeeding, healthy eating and active living and also education are pertinent with many professional and expert volunteer guest speakers. Examples of sessions include diabetes awareness, breastfeeding tips with lactation consultants, Infant Massage Therapy, Child Identification and I.D. Kit, healthy eating with dietitians, immunization, obesity, healthy recipes, and family trail walks. Healthy snacks are provided for each session with education and exercise. Participants enjoy interaction, games and small prizes. Assistance with babysitting for older children and for travel is provided when required.

The program has served over 100 families in the past 3 years and is still well attended. The weekly sessions have an average of 10 to 12 participants. We would still like to see the sessions expand to other areas of the region but more permanent funding and partnership is needed.

Funding is not secure, it has been provided partly by Communities Raising Children and Healthy Baby & Me (Provincial) and we have just been advised that we have been chosen for funding from the IWK Health Centre Charitable Foundation Community Grants Program (should secure the program for another year).

Partners: A Family Place (family resource centre); Healthy Baby and Me (Regional and Provincial); Public Health; Healthy Beginnings and Miramichi Regional Health Authority; CFAN (Radio Station); Carrefour Beausoleil Community Centre; Sobeys and Super Store (grocery stores); Miramichi Leader/Weekend (local newspapers); Human Resource Development (HRD)

Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Income and Social Status, Healthy Child Development, Health Services, Gender, Employment and Working Conditions, Education, Culture, Biology and genetic endowment

Principal approach taken: Advocacy to Influence Public Policy, Services for Individuals, Small group sessions, Public Education, Community Capacity Building, Developing Partnerships/Collaboration

Has initiative been evaluated? Yes. Comments: Demonstration Project: Evaluation for project 2002-2004 and phase 2 completed March 31st 2005. Principle Investigator: Breastfeeding Committee for Canada (BCC), Roberta Hewat hewat@nursing.ubc.ca tel: (604) 822-7464

Key contact information:

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NAME OF INITIATIVE: Pilot Project- My Daily Crunch: 5 fruits & veggies (current)

Stakeholder name: Public Health, Johanne Theriault and Danielle Robichaud, Public Health Nutritionists
Geographic location and scope/catchment area: Region 01 Public Health (Moncton and Kent, NB)
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Children, Other: children's families, school staff

Mandate: To influence school staff, students and their parents to eat more fruit and vegetables. This program aims to create the school environment into a favourable atmosphere for the consumption of fruits and vegetables.

Description of program/initiative: The program consists of an Intervention Guide for elementary schools including educational activities, fruit and vegetable posters, and ideas for projects and challenges in order to influence the children to eat more fruit and vegetables. The Guide also includes a fruit and vegetable information section for parents and school staff. The program also suggests ordering certain educational and promotional materials for students.

Partners: The Regional Student Sport Association of Quebec and Chaudiere-Appalaches
Determinants of health addressed: Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Healthy Child Development, Education
Principal approach taken: Public Education, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Yes. Comments: An evaluation is in process for the next 3 years of the pilot project.

Key contact information:

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NAME OF INITIATIVE: Policy 711 Healthier Foods and Nutrition in Public Schools (current)

Stakeholder name: Department of Education
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Youth, Children, At-risk Population, Other: Students and school personnel in the K-12 public school system

Mandate: This province-wide policy was released in October 2005 and applies to all schools from kindergarten to grade 12. It establishes the minimum requirements for healthy foods and beverages served in NB public schools by setting standards for healthy food awareness, food options available in schools and sale of foods in and through the public school system (including fundraising). This includes cafeterias, vending machines, canteens and hot lunch programs. This policy fits in well with the provincial Wellness Strategy (fall 2005) and other initiatives under way in NB.

Description of program/initiative: The policy applies to all schools. Elementary schools were required to remove foods with minimum nutritional value immediately and secondary schools have until September 2007 to remove these foods. The policy includes a handbook, which features more information about portions, serving sizes, food safety, etc. The aim of the policy is not only to remove "junk foods," but to educate students and staff to make healthier choices. It is supported by components of the health curriculum as well as a variety of other initiatives designed to develop healthy habits in our students.

Partners: The policy development was done in collaboration with the then Department of Health and Wellness. The new Department of Wellness, Culture and Sport (government reorganized departments in February 2005) continues to support the policy through its 5 to 10 fruits and veggies grant program which provides grants to middle school grades to promote the consumption of fruits and veggies. Nutritionists with WCS and public health nurses with the Healthy Learners in School Program provide advice on food categories when necessary. Recently, the Department of Education and the Department of Health were recognized with a national award by the Canadian Cancer Society for our efforts to improve the health of our students.
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Income and Social Status, Healthy Child Development, Education
Principal approach taken: Developing Public Policy, Small group sessions, Public Education, Community Capacity Building, Research, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Comments: Informally, we have received a lot of feedback, both positive and negative. We also undertake ongoing monitoring of implementation/compliance with all of our policies. School districts, through the District Education Councils, will be asked to report on implementation of this policy in their District Performance Report.

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NAME OF INITIATIVE: Pre-diabetes Education Sessions (current)

Stakeholder name: South-East Regional Health Authority (SERHA) – Diabetes education centre (DEC)
Geographic location and scope/catchment area: South Eastern New Brunswick
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: Adults, Seniors, Rural, At-risk Population, Acadian/Francophone, Persons with Disabilities

Mandate: To prevent or delay the onset of diabetes primarily in people with increased risk factors for diabetes.

Description of program/initiative: An education session conducted at the YMCA. It includes a healthy eating component conducted by a certified diabetes educator and an activity session conducted by YMCA staff.

Partners: YMCA of Greater Moncton
Determinants of health addressed: Personal Health Practices and Coping Skills, Education
Principal approach taken: Small group sessions, Public Education, Developing Partnerships/Collaboration
Has initiative been evaluated? No

Key contact information:
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NAME OF INITIATIVE: PRIISME Diabetes Project (2 year project) (current)

Stakeholder name: South-East Region Health Authority (SERHA) and GlaxoSmithKline (GSK)
Geographic location and scope/catchment area: South Eastern New Brunswick
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating and Other: Appropriate use of medication to manage diabetes and delay the onset of co-morbidities such as CVD, kidney disease etc.
Primary target audience: General Public, Adults, At-risk Population, Other: Health care professionals working with people with diabetes

Mandate: To create a coordinated and comprehensive approach to the delivery of diabetes care and education in the South East Regional Health Authority and to increase access to community based diabetes education services in the community

Description of program/initiative: To date the project has been providing health professional education based on the 2003 CDA clinical practice guidelines. Future events aimed at people with or at risk of diabetes include a diabetes health fair, internet self management site, the promotion of community organizations that provide fitness and healthy eating education.

Partners: PRIISME is a partnership between SERHA and GSK. Other organizations that participate on our working groups and advisory committee are CDA, YMCA, Sobeys, Shopper's Drug Mart, Jean Coutu drug store
Determinants of health addressed: Social Support Networks, Personal Health Practices and Coping Skills, Health Services, Education
Principal approach taken: Small group sessions, Public Education, Developing Partnerships/Collaboration, Other: Health professional education
Has initiative been evaluated? No. Comments: We are just at the end of our first year of a 2 year project. Data collection is occurring for a final evaluation at the completion of the 2 years.

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NAME OF INITIATIVE: Programme Grouille ou Rouille (current)

Stakeholder name: Lita Villalon, Université de Moncton
Primary Focus of Activity/Risk Factor Addressed: not specified
Primary target audience: Seniors

Mandate: An intervention program that combines physical activity and healthy eating with individuals' nutritional state, chronic disease control, and quality of life of senior Francophones living in a minority environment of seniors 50+ yrs.

Description of program/initiative: not specified

Partners: not specified
Determinants of health addressed: Social Support Networks, Social Environments, Personal Health Practices and Coping Skills, Education, Culture
Principal approach taken: Creating Supportive Environments
Has initiative been evaluated? Yes

Key contact information:

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NAME OF INITIATIVE: Programme Grouille ou Rouille – Recherche (Effet de la nutrition et de l'activité physique sur l'état nutritionnel la qualité de vies des personnes âgées autonomes, non hospitalisées, au Nouveau-Brunswick) (planned and funding secured)

Stakeholder name: Lita Villalon, Université de Moncton.
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: Seniors

Mandate: Evaluation of an intervention program that combines physical activity and healthy eating with individuals' nutritional state, chronic disease control, and quality of life of senior Francophones living in a minority environment of seniors 50+ yrs.

Description of program/initiative: This research is examining the benefits of a physical activity and healthy eating program in order to initiate preventives practices to maintain or improve the nutrition, physical capacity, autonomy and the quality of life of seniors.

Partners: Consortium national de formation en français en santé (CNFS), Université de Moncton, Université du troisième âge Sud-est, National Consortium of Training in Health
Determinants of health addressed: Social Support Networks, Personal Health Practices and Coping Skills, Education
Principal approach taken: Small group sessions, Research, Developing Partnerships/Collaboration
Has initiative been evaluated? Yes. Comments: It will soon be available.

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NAME OF INITIATIVE: Recreation and Parks Month – June (current)

Stakeholder name: Recreation New Brunswick
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: General Public

Mandate: To show and encourage the citizens and families of New Brunswick to get out and participate in local recreation and park activities.

Description of program/initiative: To draw public attention to the vital and diverse benefits of recreation to individuals, families, communities and the province as a whole.

Partners: Province of New Brunswick and Kan-Go-Roo Playground.
Determinants of health addressed: Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Healthy Child Development, Culture
Principal approach taken: Advocacy to Influence Public Policy, Services for Individuals, Public Education
Has initiative been evaluated? No. Comments: We are not finished, but an evaluation is part of the final report.

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NAME OF INITIATIVE: Recreation Facilities Healthy Eating Tool Kit (current)

Stakeholder: Department of Wellness, Culture and Sport
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: General Public, Adults, Youth, Children, Other: users of recreation facilities and operators

Mandate: To encourage recreation facilities to offer a greater variety of healthy food choices within their facilities.

Description of program/initiative: A joint initiative of the Healthy Eating Physical Activity Coalition of New Brunswick (HEPAC) and the healthy eating pillar of the Provincial Wellness Strategy. A survey was completed in the fall of 2005 to determine the types of foods currently being sold in community recreational facilities. A tool kit was then developed and distributed to approximately 150 recreational facilities to: 1) encourage and assist facilities in providing a greater variety of healthy foods and, 2) inform the public using these facilities about relevant nutrition topics (e.g. reading food labels, portion sizes, fundraising, and the like).

Partners: New Brunswick recreational facilities, HEPAC (Healthy Eating and Physical Activity Coalition) members
Determinants of health addressed: Physical Environments, Personal Health Practices and Coping Skills, Healthy Child Development
Principal approach taken: Public Education, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Comments: Will be in the future.

Key contact information:

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NAME OF INITIATIVE: School Communities in ACTION (planned and funding secured)

Stakeholder name: Department of Wellness, Culture and Sport and Department of Education in New Brunswick
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: Youth, Children

Mandate: School Communities in ACTION is designed to assist schools to adopt, implement and maintain a variety of physical activity opportunities. This physical activity program is intended to support (not to replace) the Physical Education class and can be a family and community priority, which extends beyond schools.

Description of program/initiative: A free program designed to: 1) recognize and reward the successful physical activity programs that already exist in the New Brunswick schools; 2) encourage and recognize schools that adopt, implement and maintain additional physical activity programs.

Partners: Department of Education, Physical Education Mentors (French and English), Regional Consultants and Healthy Learners
Determinants of health addressed: Healthy Child Development
Principal approach taken: Public Education
Has initiative been evaluated? No

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NAME OF INITIATIVE: Social Marketing Campaign (current)

Stakeholder: Department of Wellness, Culture and Sport
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating and Other: tobacco-free, mental fitness
Primary target audience: General Public

Mandate: To encourage New Brunswickers to adopt healthier lifestyles.

Description of program/initiative: A social marketing campaign began in February 2006 to encourage New Brunswickers to adopt healthier lifestyles. Areas of focus include healthy eating, active living, smoking free, and mental fitness/resiliency – the 4 pillars of the Provincial Wellness Strategy. The first phase provided practical information on making healthier lifestyle choices and included radio, print, and television advertisements, which aired February-March of 2006.

Partners: not specified
Determinants of health addressed: Social Support Networks, Personal Health Practices and Coping Skills, Healthy Child Development, Education
Principal approach taken: Public Education, Community Capacity Building, Creating Supportive Environments
Has initiative been evaluated? Comments: Will be evaluated in the future.

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NEWFOUNDLAND AND LABRADOR (7)

NAME OF INITIATIVE: Child Nutrition Programs (current)

Stakeholder name: Kids Eat Smart Foundation
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Youth, Children

Mandate: To ensure school children have access to adequate nutritious food so that they can learn and grow.

Description of program/initiative: The Kids Eat Smart Foundation supports Kids Eat Smart Club – Child Nutrition Programs, run by volunteers at schools and community centres.

Partners: Government of Newfoundland and Labrador, Schools, Petro Canada, Alliant.
Determinants of health addressed: Social Support Networks, Social Environments, Personal Health Practices and Coping Skills, Education
Principal approach taken: Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Yes. Comments: Our programs (Kids Eat Smart Clubs) are evaluated every year.

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NAME OF INITIATIVE: Healthy Aging Framework and Plan (under development)

Stakeholder name: Division of Aging and Seniors, Department of Health and Community Services, Government of Newfoundland and Labrador
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: Seniors

Mandate: Develop and implement a Healthy Aging Framework and Plan.

Description of program/initiative: NL is the most rapidly aging province in Canada. NL is committed to developing a plan which addresses the needs of the aging population. Extensive consultations, a provincial forum, multiple submissions and review of literature and evidence-based research have formed the basis for further research, programs and services including addressing chronic conditions such as diabetes.

Partners: Municipal, provincial and federal governments, senior's organizations, community organizations, professional organizations, unions
Determinants of health addressed: Addresses all the determinants of health
Principal approach taken: Developing Public Policy, Public Education, Community Capacity Building, Research, Developing Partnerships/Collaboration
Has initiative been evaluated? No

Key contact information:

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NAME OF INITIATIVE: Healthy Students Healthy Schools (current)

Stakeholder name: Department of Education and Department of Health and Community Services
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: Other: All students

Mandate: To contribute to the overall health of school age children and youth and specifically to increase opportunities for students to be physically active and to eat more healthy foods.

Description of program/initiative: Actioning and fostering school communities to increase physical education and physical activity for students and to create healthy eating environments for students.

Partners: Departments of Education and Health, Kids Eat Smart Foundation, School Milk Foundation, School Districts, Regional Health authorities, Public Health Nurses, Teachers, Recreation Departments, Environmental health inspectors, various other government departments etc.
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Income and Social Status, Healthy Child Development, Health Services, Education, Culture
Principal approach taken: Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? No

Key contact information:

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NAME OF INITIATIVE: Improving With Age – Healthy Aging Project (current)

Stakeholder name: Seniors Resource Centre Association of Newfoundland and Labrador
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: Seniors

Mandate: To raise awareness about healthy aging and the determinants of health and then motivate seniors and community partners to work together to promote healthy aging and address barriers to healthy aging for older adults.

Description of program/initiative: This project will provide seniors with information about how they can make healthier choices through Healthy Aging Workshops. After the workshops, seniors will be encouraged to join with community partners to form Healthy Aging Groups. These groups will then work together to promote healthy aging and create more supportive communities for seniors. Seniors who have been involved in the diabetes project, "Building on our Strengths: Knowing What's Good For Me," and are promoting healthy aging in some way, will be recruited to share their experiences with the new groups.

Partners: Regional Health Authorities, Seniors and 50+ clubs, Regional Wellness Coalitions, church groups, service clubs, municipalities
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Education
Principal approach taken: Small group sessions, Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? No

Key contact information:

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NAME OF INITIATIVE: Innu Integrated Diabetes Initiative (current)

Stakeholder name: not specified
Geographic location and scope/catchment area: Innu First Nations Communities in Labrador, communities of Natuashish and Sheshatshiu
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating and Other: secondary and tertiary prevention
Primary target audience: At-risk Population, Ethno-cultural community: Innu First Nations in Labrador, Other: Persons with type 2 Diabetes

Mandate: not specified

Description of program/initiative: not specified

Partners: not specified
Determinants of health addressed: not specified
Principal approach taken: Developing Public Policy, Services for Individuals, Small group sessions, Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has your initiative been evaluated? Yes. Comments: Evaluation is part of ongoing process of program evolution

Key contact information:

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NAME OF INITIATIVE: Provincial Wellness Plan (current)

Stakeholder name: Department of Health and Community Services – Health Promotion and Wellness Division
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating and Other: Tobacco control
Primary target audience: General Public, Other: some specific action areas (e.g., children and youth). Many of our initiatives have a specific target audience - see list below.

Mandate: The plan sets the direction for programs and policies aimed at addressing the wellness priority areas of healthy eating, physical activity, tobacco control and injury prevention.

Description of program/initiative: The Provincial Wellness Plan was released March 2006. Some specific actions include:

- Healthy Students Healthy School initiative to create school environments that support healthy living (main focus healthy eating and physical activity; development and implementation ongoing; target audience – children and youth);
- School Food Guidelines to promote and support healthy food choices in schools (released June 2006, implementation to begin September 2006; target audience school age children);
- Provincial Wellness Grants Program to expand community-based wellness initiatives (implemented March 2006);
- Provincial Food and Nutrition Framework and Action Plan to support healthy eating (soon to be released);
- Social Marketing initiatives to increase awareness of healthy living (particularly healthy eating and physical activity for initially children, youth and families) and complement the services, environments and programs that promote and support wellness (development and implementation ongoing);
- Provincial Tobacco Reduction Strategy to prevent, reduce and control the exposure and use of tobacco (released 2005, implementation ongoing; many programs are youth based);

In addition, a recreation and sport strategy is being developed through the leadership of the Department of Tourism, Culture and Recreation to promote and support healthy living. We are a partner in this initiative. (Contact person: David Doyle)

Partners: See Provincial Wellness Plan. There was an advisory council of 28 members that provided direction in the development of the wellness plan.
Determinants of health addressed: Other: the determinants of health are reflected in the wellness plan and they are considered in all of the work we do, but we do not directly focus on addressing the determinants.

Principal approach taken: Developing Public Policy, Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has your initiative been evaluated? No. Comments: Evaluation is just beginning.

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NAME OF INITIATIVE: School Milk Program (planned and funding secured)

Stakeholder name: School Milk Foundation
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: Youth

Mandate: To educate students in grades 5–12 on making healthy lifestyle choices.

Description of program/initiative: We are planning a CD project for grades 5-12. This interactive information CD will contain information about healthy eating and active living.
The CD will be interactive by students. They will be able to track their eating habits and activity levels. Feedback will be given to students on how they get the most benefits of making healthy choices and the suitable choices they should b e making according to their age, size, etc. Games and activities will also be on the CD.

Partners: Dairy Farmers of Newfoundland and Labrador, the dairies, Department of Natural Resources
Determinants of health addressed: Personal Health Practices and Coping Skills, Healthy Child Development, Education
Principal approach taken: Small group sessions, Public Education, Creating Supportive Environments
Has initiative been evaluated? No

Key contact information:
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NOVA SCOTIA (21)

NAME OF INITIATIVE: Active Cape Breton Communities (current)

Stakeholder name: Network for Children and Youth, Eastern Nova Scotia
Geographic location and scope/catchment area: Cape Breton Island
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: Youth, Children

Mandate: The purpose of the Active Communities Initiative is to mobilize and build the capacity of families, schools, local government and community organizations to increase the number of children and youth who are active enough to achieve health benefits.

Description of program/initiative: Active Cape Breton Communities is made up of a working committee of stakeholders from across the island. Focusing on the following areas: Community Education and Awareness, Youth and Family Engagement, Opportunity Development, Inclusiveness, Resource Development

Partners:
Cape Breton Regional Municipality
Municipality of the County of Richmond
Municipality of the County of Victoria
Municipality of the County of Inverness
Town of Port Hawkesbury.
Cape Breton Victoria Regional School Board
Heart and Stroke Foundation Nova Scotia
Velo Cape Breton
Community Health Boards
Department of Community Services
Mi'Kmaw Youth, Recreation and Active Circle for Living (MYRACL)
Network for Children and Youth, Eastern Nova Scotia
Nova Scotia Health Promotion and Protection
Public Health Services, Cape Breton and Guysborough, Antigonish, Strait District Health Authorities
Strait Regional School Board
Cape Breton University
Determinants of health addressed: Social Support Networks, Personal Health Practices and Coping Skills, Income and Social Status
Principal approach taken: Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Yes. Comments: In progress

Key contact information:

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active_cape_breton_communities.htm

NAME OF INITIATIVE: Active Communities – (a) Cumberland (b) Colchester/Truro Active School Communities – Hants North (current)

Stakeholder name: NS Health Promotion and Protection, Physical Activity Sport and Recreation program Area – Regional Services - Fundy
Geographic location and scope/catchment area: Fundy region of Nova Scotia
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: General Public, Adults, Women/girls, Men/boys, Seniors, Youth, Children, Rural

Mandate: Promote physical activity; pilot test school/community physical activity initiatives

Description of program/initiative: Grants to community organizations/after school programs/ youth leadership development / opportunities for females. Initiatives linking school and community to provide opportunities and promote physical activity.

Partners: Municipal Recreation Departments, District Health Authorities, Community Health Boards, volunteer organizations, Municipal Recreation Departments; schools (4); District Health Board (Public Health) NSHPP; Community Health Board
Determinants of health addressed: Social Support Networks, Physical Environments, Personal Health Practices and Coping Skills, Healthy Child Development
Principal approach taken: Developing Public Policy, Services for Individuals, Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? No

Key contact information:

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NAME OF INITIATIVE: Active & Safe Routes to School (current)

Stakeholder name: Active & Safe Routes to School of the Ecology Action Centre
Primary Focus of Activity/Risk Factor Addressed: Active Living and Other: traffic safety, clean environment (better air quality and reduced greenhouse gas emissions)
Primary target audience: Youth, Children, Other: school communities: parents, school administration, etc.

Mandate: Active & Safe Routes to School (ASRTS) encourages the use of active modes of transportation to and from school in a safe and healthy environment. Active transportation means any non-motorized mode such as walking, cycling, in-line skating, skateboarding, scootering, etc.

Description of program/initiative: Active & Safe Routes to School is offered across Nova Scotia and targets school communities. The coordinator works mainly with school administration, Parent-Teacher Associations, School Advisory Councils and some teachers. Students are the ultimate target, reached through parents and school staff. It also involves other stakeholders such as health professionals, recreation directors, environmental organizations, police, safety groups, trail developers, municipal engineers and planners. Since ASRTS started in 2001 in NS, 200 schools across the province have participated in some aspect of the program. Major initiatives include:

- Walking or Cycling School Buses (adult-led walking/cycling groups)
- Pedestrian and Cycling Safety, which involves linking schools with local resources and identifying safe routes.
- Traffic Taming around schools
- International Walk to School Week
- Walking Tour of Canada is a symbolic walk across Canada where students log kilometres walked.
- Curriculum resources include mapping safe routes to school workbooks and teachers' guides.
- Policy where schools explore changing current policy to make it easier for students to walk and cycle to school.
- Clean Air Achievers brings World and Olympic athletes to Halifax junior high schools for presentations on the importance of and links between active transportation, health and physical activity.
- Making Tracks is researching the barriers to using active transportation to school and will then use a community-based social marketing approach to redesign the program and test it in pilot schools.

Partners: ASRTS is coordinated by the Ecology Action Centre in partnership with Nova Scotia Health Promotion and Protection. Go for Green supports ASRTS on a national level and provides materials, training and internet support to the NS program. Clean Air Champions are partners on the Clean Air Achievers program. Making Tracks is generously supported by Transport Canada, IWK Health Centre Foundation and Nova Scotia Health Promotion and Protection.

Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Healthy Child Development
Principal approach taken: Advocacy to Influence Public Policy, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Yes

Key contact information:

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NAME OF INITIATIVE: Diabetes Care Program of Nova Scotia

Stakeholder name: Diabetes Care Program of Nova Scotia
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: At-risk Population (all ages), Other: families at risk for diabetes due to family history (genetic predisposition)

Mandate: This provincial program has a mandate "to improve the health of Nova Scotians affected by or at risk of developing diabetes." In doing so, it is attempting to position itself and Diabetes Centres (DCs) to be of paramount importance in Chronic Disease Management in keeping with the key components of the chronic care model. Program activities focus on surveillance, patient self-management, effective and efficient service delivery models, and linkage with community supports and resources for the populations with and at high-risk of developing diabetes (this includes the pre-diabetes categories, women with gestational diabetes and their offspring, aboriginal and other high risk ethnic groups). We have specific program objectives aimed at partnerships to help address the determinants of health.
We have produced and distributed (2002) for use across Nova Scotia a patient and provider resource focused on preventing diabetes in individuals and families at risk (see DCPNS web site for resources titled—*Can I catch diabetes? No, but it could catch you!*). This is widely used in DC programs that provide programming to this pre-diabetes program to help ensure consistent messaging and approaches.
We have no current research under way related to prevention but hope to help facilitate this type of work in the future.
We are currently planning (preparing) to develop guidelines for the care and education of the pre-diabetes population in Nova Scotia. This will fall under the auspices of the DCPNS Best Practice Committee. Foundational work (provincial scan) is being planned for this summer. Heightened awareness, information, consistent messaging, prevention messaging, common approach, etc.

Description of program/initiative: As above

Partners: Multiple partners working group – Nova Scotia's Diabetes Centres (diabetes educators), Canadian Diabetes Association, Medical Society of Nova Scotia, VON, Pharmacy Association of NS, Unit for Population Health and Chronic Disease Prevention (Dalhousie University), the Diabetes Community Consultants for the Aboriginal Diabetes Initiative, NS Sport and Recreation Commission, as well as private industry. This was pilot tested by persons with diabetes.
Determinants of health addressed: Personal Health Practices and Coping Skills
Principal approach taken: Services for Individuals, Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? No

Key contact information:

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Organization:	Diabetes Care Program of Nova Scotia
Web site:	http://www.diabetescareprogram.ns.ca

NAME OF INITIATIVE: Diabetes Survival Skills Program (current)

Stakeholder name: Sobeys
Geographic location and scope/catchment area: Halifax/Sackville
Primary Focus of Activity/Risk Factor Addressed: Active Living, Other: Pharmacy Component
Primary target audience: General Public, At-risk Population

Mandate: To deliver the basics of eating for people with Diabetes and the pharmacy component (testing, meters, etc.)

Description of program/initiative: Diabetes Survival Skills is a two-hour program. It is team taught by a Dietician and Pharmacist. They deliver Diabetes basics for those that are waiting to get into the QEII, Two-Day Program. This is offered once a month in Halifax/Sackville. We also do a grocery store tour, specific to those with diabetes, as a follow up class.

Partners: Diabetes Education Centre – QEII (we took over this program from them), Canadian Diabetes Association, doctors
Determinants of health addressed: Education
Principal approach taken: Services for Individuals, Public Education
Has initiative been evaluated? Yes. Comments: There are individual evaluations filled out at the end of every session.

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NAME OF INITIATIVE: Diversity and Social Inclusion in Primary Health Care Initiative (Initiative concluded in April 2006)

Stakeholder name: NS Department of Health, Primary Health Care Section
Primary Focus of Activity/Risk Factor Addressed: Other: Issue awareness included health disparities and risk for chronic disease.
Primary target audience: Adults, Women/girls, Men/boys, Seniors, Youth, Children, Rural, At-risk Population, Lower socio-economic status population, Acadian/Francophone, Ethno-cultural community: First Nations, African Canadians, Immigrants and Acadians and Francophones

Mandate: 3 year Initiative to raise awareness of issues that would lead to culturally inclusive policies and guidelines for the delivery of culturally competent, primary health care. The focus within diversity was race, ethnicity, language and culture with a view to reducing health disparities among populations.

Description of program/initiative: Three years of activity included 11 awareness raising workshops (2 provincial – a launching workshop and a concluding workshop on cultural competence in partnership with the IWK as well as 9 led by DHAs in year 2 of the Initiative), liaison with all of the provincial programs and funding to Diabetes Care NS, Cancer Care NS and NS Breast Screening . An outcome of the Initiative is the first, provincial Guidelines for Cultural Competence in primary health care in the country. One of the Guidelines urges screening for diabetes in under-screened, (anecdotally) high-risk populations.

Partners: DHAs, IWK, CHBs, academics, researchers, provincial programs – including Diabetes Care Nova Scotia, the Atlantic Centre of Excellence in Women's Health, the Health Association of African Canadians, MISA, MANS, Tui'kn Initiative, primary health care providers and contributors, racially, ethnically, culturally, linguistically and spiritually diverse populations and NS primary health care stakeholders in general
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Income and Social Status, Healthy Child Development, Health Services, Gender, Employment and Working Conditions, Education, Culture, Biology and genetic endowment, Other: All of the above as well as understanding the need to break down "culture" into race, ethnicity, language and culture and to acknowledge spirituality within culture
Principal approach taken: Developing Public Policy, Advocacy to Influence Public Policy, Services for Individuals, Public Education, Community Capacity Building, Research, Creating Supportive Environments, Other: Development of Guidelines as policy framework for change.
Has initiative been evaluated? Yes. Comments: It was provided by e-mail

Key contact information:

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NAME OF INITIATIVE: Garden Basket Program (current)

Stakeholder name: Public Health Services for Cape Breton District Health Authority and Guysborough-Antigonish Strait Health Authority
Geographic location and scope/catchment area: Inverness/Baddeck area, Cape Breton
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Women/girls, Children, Lower socio-economic status population, Other: Young, single, pre- and post- natal and mothers on social assistance, and prenatal mothers with low income identified by local program providers

Mandate: To provide access to seasonal locally grown produce to young, single pre- and post-natal mothers living on social assistance, who are participating in prenatal support programs at the Family Resource Centre, Inverness, and First Nations Health Centre, Waycobagh. To provide 20 low-income families with weekly food basket delivery from a co-op organic food garden.

Description of program/initiative: The program will provide weekly deliveries of produce during the Summer and Fall to low income prenatal clients, preferably on Social Assistance. Elder Fields Farm Co-Operative (EFFC) will provide 20 prenatal/postnatal social assistance recipient families with weekly food basket delivery from July to October 2006. Brenna MacEachern, a St. FX dietetic intern, has been contracted by CBDHA to coordinate the project.
Project components include:
-weekly food costing comparisons of the garden produce with produce items at grocery stores
-capacity building through community kitchen sessions during September and October
-resource guide and evaluation by EFFC program July to October
-food security assessment using the Cornell/Radmer Questionnaire
Partners: Elder Fields Farm Cooperative Ltd. based in Lake Ainslie, Jim Rutten, Central Inverness Community Health Board, St. Francis Xavier Nutrition Program (Kelley Cavan, Brenna MacEachern dietetic intern), Public Health Services for CBDHA and GASHA, Family Resource Centre in Inverness, and the Whycobagh First Nations Health Centre. We plan to explore new partnership hopefully funded through Central Cape Breton CHB with Elder Field Farms, Vegetarian Association, CBDHA to expand this model to industrial Cape Breton next year, 2007.

Determinants of health addressed: Social Support Networks, Personal Health Practices and Coping Skills, Income and Social Status, Healthy Child Development, Employment and Working Conditions, Other: self-confidence of participants, co-op member/workers, and project partners. (Employment etc. impacted by the co-operative workers with EFFC.)
Principal approach taken: Services for Individuals, Small group sessions, Community Capacity Building, Research, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Yes. Comments: Project started early July and continues to end of October.

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NAME OF INITIATIVE: Healthy Active Living for Seniors Initiative (current)

Stakeholder name: Nova Scotia Seniors' Secretariat
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: Seniors

Mandate: To support seniors in their efforts to be active and encourage the development of new community-based approaches to healthy active living for seniors.

Description of program/initiative: Activities planned this year include further developing an inventory of current active living programs and services for seniors and encouraging a variety of approaches to addressing the diverse needs of the seniors' population in pursuing healthy active lives.

Partners: Nova Scotia Health Promotion and Protection
Determinants of health addressed: Social Support Networks, Social Environments, Personal Health Practices and Coping Skills, Health Services
Principal approach taken: Developing Public Policy, Public Education, Developing Partnerships/Collaboration
Has initiative been evaluated? No

Key contact information:

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NAME OF INITIATIVE: Healthy Eating Nova Scotia (current, planned)

Stakeholder name: Public Health Services, Colchester East Hants Health Authority
Geographic location and scope/catchment area: Region within a province
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: General Public, Youth, Children

Mandate: Breastfeeding, children and youth, fruit and vegetables, food security.

Description of program/initiative: not specified

Partners: not specified
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Healthy Child Development, Education
Principal approach taken: Developing Public Policy, Advocacy to Influence Public Policy, Services for Individuals, Small group sessions, Public Education, Community Capacity Building, Research, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Yes. Comments: Pieces evaluated as programs, services implemented, comprehensive evaluation in development.

Key contact information:

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NAME OF INITIATIVE: Healthy Eating Nova Scotia (Provincial Healthy Eating Strategy) (HENS) (current)

Stakeholder name: Healthy Eating – NS Department of Health Promotion and Protection
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: General Public, Adults, Women/girls, Youth, Children, Lower socio-economic status population

Mandate: HENS Vision: the nutritional health of Nova Scotians is supported, valued and improved through evidence-based practices that promote healthy public policies and health-promoting environments.

Description of program/initiative: A planning framework based on a population health approach to guide coordinated, evidence-based action, decisions and resource allocation on nutrition and healthy eating in Nova Scotia. There are four priority areas for action: breastfeeding children, youth, fruits and vegetables and food security. Components include: Provincial breastfeeding policy, provincial school food and nutrition policy, provincial breakfast program, Provincial Health Promoting Schools program, Nutrition support to licensed childcare centres project, food security policy paper, food costing model, Healthy Eating research forum.

Partners: The HENS strategy was developed and is being implemented collaboratively by governments, NGOs, district health authorities, school boards, academia, industry, community partners and professional associations.
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Income and Social Status, Healthy Child Development, Health Services, Employment and Working Conditions, Education, Biology and genetic endowment
Principal approach taken: Developing Public Policy, Advocacy to Influence Public Policy, Services for Individuals, Small group sessions, Public Education, Community Capacity Building, Research, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? No. Comments: The strategy is based on evidence, however, since the strategy was only released in 2005, an evaluation framework has not been developed. The individual programs, policies and services within HENS will be evaluated as will the overall HENS framework.

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NAME OF INITIATIVE: Healthy Eating Strategy of Cape Breton (planned)

Stakeholder name: Public Health Services for Cape Breton District Health Authority and Guysborough, Antigonish, Strait Health Authority
Geographic location and scope/catchment area: Cape Breton District Health Authority **Primary Focus of Activity/Risk Factor Addressed:** Healthy Eating
Primary target audience: General Public, Adults, Youth, Children, Lower socio-economic status population, Acadian/Francophone

Mandate: CBDHA has designated healthy eating promotion as a pivotal strategy for the prevention of chronic diseases and the promotion of a healthy community. The District recognizes that many groups and agencies are actively working to promote the availability of healthy food choices for the population. CBDHA Healthy Eating Strategy outlines proposed activities in four priority areas including: Community Awareness, Food Security, School Food and Nutrition and Workplace Cafeterias. There are no designated staff and resources to lead this project. We are working on a few projects, based on existing staff availability and funding, e.g., Healthy Henry Nutrition Labeling Program, Health Promoting School partnering with local school boards, Garden Food Box Pilot Project.

Description of program/initiative: Over 30 community partners from diverse sectors were invited to form a coalition, "Healthy Eating Community Partners" in Fall 2004. This group met during 2004-2005 to provide input and consultation for the development of the Healthy Eating Cape Breton report. Despite a great interest by participants this group has not had an opportunity to continue. There is no sustainable funding and staff available to administer this community group and many of the initiatives proposed in the CBDHA Healthy Eating Strategy.

Partners: 38 community participants and their representation from diverse sectors e.g., voluntary health agencies, food banks, school boards, other workplaces, etc.
Determinants of health addressed: Personal Health Practices and Coping Skills, Health Services, Culture
Principal approach taken: Advocacy to Influence Public Policy, Public Education, Community Capacity Building, Research, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? No. Comments: Report was peer reviewed.

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NAME OF INITIATIVE: Healthy Henry Nutrition Labeling Program (current, planned)

Stakeholder name: Nutrition and Food Services, Cape Breton District Health Authority (CBDHA)
Geographic location and scope/ catchment area: Cape Breton District Health Authority
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: General Public, Other: Food service operations – restaurants, school and workplace cafeterias

Mandate: To increase the availability and accessibility to healthy food choices by patrons of food service operations serving the population of CBDHA through a Healthy Henry labeling program. This involves promotion and awareness to the general community and also to the owners/supervisors at food service establishments.

Description of program/initiative: A steering committee has been formed to administer the application process, menu review, promotion and awards presentation to eligible food service operations. During Spring 2006 we reviewed and presented Healthy Henry Recognition Certificates to 6 local restaurants. The committee is looking for funding to sustain this new initiative that supports the CBDHA Healthy Eating Strategy.

Partners:

- Nutrition and Food Services, CBDHA
- Public Health Services, Shared Services for CBDHA and GASHA
- Cooking Program, Nova Scotia Community College, Marconi Campus
- Nutrition for Learning Coordinator, Cape Breton-Victoria Regional School Board
- Dept of Fisheries and Agriculture, Food Safety Specialists

Determinants of health addressed: Personal Health Practices and Coping Skills, Employment and Working Conditions, Culture
Principal approach taken: Advocacy to Influence Public Policy, Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments, Other: Research Opportunity
Has initiative been evaluated? No. Comments: We see this as an opportunity for a provincial pilot project that could be evaluated.

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Web site:	http://www.cbdha.nshealth.ca

NAME OF INITIATIVE: Make a Move! – A provincial physical activity counseling initiative (current)

Stakeholder name: Heart and Stroke Foundation of Nova Scotia
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: Other: Health care providers

Mandate: To increase the quantity and quality of physical activity counselling by Nova Scotia health care providers through training and support.

Description of program/initiative: *Make a Move!* workshops are being offered to health providers throughout the province to help them motivate their healthy, inactive adult patients/clients to become more active for health benefits. Those who participate in this 3-hour interactive workshop will: a) Be taught effective physical activity counselling strategies, from minimal intervention to motivational interviewing, and how to incorporate them into their busy practice setting. b) Learn how to use the PACE-CAN program and get free, unlimited access to the PACE-CAN online training module and electronic counselling materials. c) Receive a "tool kit" of resources to help them with their physical activity counselling.

Partners: Nova Scotia Health Promotion and Protection, Cancer Care Nova Scotia
Determinants of health addressed: Social Support Networks, Personal Health Practices and Coping Skills, Health Services, Education
Principal approach taken: Small group sessions, Public Education, Community Capacity Building
Has the initiative been evaluated? Yes. Comments: The evaluation is in progress.

Key contact information:

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NAME OF INITIATIVE: Move More: HeartSmart™ Physical Activity Basics

Stakeholder name: Heart and Stroke Foundation Nova Scotia
Primary Focus of Activity/Risk Factor Addressed: Active Living and Other: Social Support
Primary target audience: Adults, Other: Adults who are sedentary and motivated to be more active

Mandate: To provide basic information on physical activity and guidance on how to start enjoying the benefits of an active lifestyle, within a socially supportive environment.

Description of program/initiative: Move More is an 8-week program combining classroom learning with sampling of physical activity to manage stress, discover motivation, and break down barriers to becoming active while experiencing how moving more contributes to good health and self-esteem.

Partners: Move More is a partnership of Heart and Stroke Foundation of Nova Scotia, Recreation Nova Scotia and Nova Scotia Health Promotion and Protection, with additional support from Halifax Regional Municipality and Cape Breton Active Communities.
Determinants of health addressed: Social Support Networks, Personal Health Practices and Coping Skills
Principal approach taken: Small group sessions, Creating Supportive Environments
Has initiative been evaluated? Yes. Comments: We have done process evaluation on the launch to inform future promotion and roll out. We will continue to evaluate the program and may have a report available in the future.

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NAME OF INITIATIVE: National 5-10 A day Campaign (current)

Stakeholder name: Canadian Cancer Society - Nova Scotia Division
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: General Public, Adults, Women/girls, Men/boys, Seniors, Youth, Children, Rural, Lower socio-economic status population, Acadian/Francophone, Persons with Disabilities

Mandate: The goal is to reduce the risk of cancer and cardio-vascular disease, by encouraging Canadians to consume at least five servings of vegetables and fruit a day as part of a healthy diet (as described in Canada's Food Guide to Healthy Eating), and as part of a healthy lifestyle. The aim of the campaign is not only to create awareness, but also to change people's eating habits, within a healthy, active lifestyle.

Description of program/initiative: Print/Social Marketing/Web: Central to the success of this campaign is the participation and support of the Heart and Stroke Foundation of Canada and the Canadian Cancer Society, who play vital roles in promoting the importance of vegetables and fruit and healthy eating. The Canadian Produce Marketing Association (CPMA) has a national network of retail grocers and industry members who play an important role in the implementation of the public education strategy. Public Health practitioners are also involved in the dissemination of information about the benefits of 5 to 10 a day.

Partners: See above
Determinants of health addressed: Personal Health Practices and Coping Skills, Healthy Child Development, Gender
Principal approach taken: Public Education, Developing Partnerships/Collaboration
Has the initiative been evaluated? Yes. Comments: Contact Canadian Produce and Marketing Association for copy of the evaluation report.

Key contact information:

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NAME OF INITIATIVE: Nova Scotia Active Kids /Healthy Kids – Active Communities - ACTIVE Halifax (current)

Stakeholder name: NS Health Promotion and Protection
Geographic location and scope/catchment area: Central Region
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: Women/girls, Youth, Children

Mandate: To increase the number of physically active children, youth, and their families in Halifax Regional Municipality

Description of program/initiative: Through a collaborative partnership, the initiative strives to mobilize communities to increase the number of active opportunities available. Key components are advocacy and awareness, participation, and building community capacity.

Partners: Partner agencies are from the health, education, and recreation sectors (Capital Health, Halifax Regional School Board, Halifax Regional Municipality's Community Recreation Department, and NS Department of Health Promotion and Prevention). Supporting organizations include YM/YMCAs, Sport NS, Community Health Boards, Boys and Girls Clubs, etc.
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Culture
Principal approach taken: Advocacy to Influence Public Policy, Public Education, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Yes. Comments: Currently under way

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NAME OF INITIATIVE: Physical Activity Grant Program (current)

Stakeholder name: Nova Scotia Health Promotion and Protection
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: General Public, Youth, Children

Mandate: Increase the percentage of Nova Scotians who are active enough for physical and mental health benefits. This will contribute to an improved quality of life and over the long term to a reduction in rates of cardiovascular disease and Type 2 diabetes.

Description of program/initiative: Cost sharing grant program open to not-for-profit organizations, schools, district health authorities and municipalities in Nova Scotia. Applicants can apply for up to 50 percent of total project costs. Grants do not exceed $10,000.

Partners: not specified
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Income and Social Status, Healthy Child Development
Principal approach taken: Community Capacity Building, Other: Creating physically active opportunities
Has initiative been evaluated? Yes

Key contact information:

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NAME OF INITIATIVE: Physical Activity, Sport and Recreation – Valley Region (current and planned)

Stakeholder name: Department of Health Promotion and Protection – Valley Region
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: General Public, Adults, Women/girls, Men/boys, Seniors, Youth, Children, Rural, At risk Population, Lower socio-economic status population, Acadian/Francophone, Persons with Disabilities

Mandate: To provide physical activity, sport and recreation support and programs to the residents of the Valley.

Description of program/initiative: Services include capacity building, leadership development, organizational development, program development, community development, facility development and partnership-relationship development.

Partners: Municipalities, community based organizations, regional agencies/boards, regional CAYAC, and citizens
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Income and Social Status, Healthy Child Development, Health Services, Gender, Education, Culture
Principal approach taken: Developing Public Policy, Advocacy to Influence Public Policy, Services for Individuals, Small group sessions, Public Education, Community Capacity Building, Research, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Yes. Comments: Various reports over time; check the web site for most recent information.

Key contact information:

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NAME OF INITIATIVE: Pre-diabetes Program, Diabetes Centre Colchester Regional Hospital (current)

Stakeholder name: Diabetes Centre
Geographic location and scope/catchment area: Colchester East Hants Health Authority (CEHHA)
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: At-risk Population

Mandate: Provide education and intervention for people diagnosed with pre-diabetes

Description of program/initiative: 2 group sessions – first covers basic info re: pre-diabetes, risk factors, diabetes, healthy eating and exercise to reduce risk, second session about 6months later – follow-up how they are doing, changes they have made. Lab work is done prior to first and second appointments. Weight, BMI done at first and second appointment, then follow-up with family doctor.

Partners: not specified
Determinants of health addressed: not specified
Principal approach taken: Services for Individuals, Small group sessions
Has initiative been evaluated? No

Key contact information:

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NAME OF INITIATIVE: Walking for Wellness, Move More (PACE), Health Promoting Schools, Hoops for Health (current and planned)

Stakeholder name: Public Health Services- GASHA, CBDHA
Geographic location and scope/catchment area: GASHA and CBDHA (Antigonish to Cape Breton)
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: General Public, Adults, Women/girls, Seniors, Youth, Children, Rural, Lower socio-economic status population, Persons with Disabilities

Mandate: Reduce risk of developing chronic disease, in particular Type II Diabetes

Description of program/initiative:
Walking For Wellness: Encourages people to walk more to reduce their risk of developing chronic disease.
Move More: An eight-week program providing information about physical activity, activity assessment, barriers to physical activity, body image, motivation, stress, chronic disease, self esteem and physical activities with a family focus.
PACE: Provider-based Assessment and Counseling for Exercise.
Health Promoting Schools: Increase awareness of Health Promoting Schools. Increase healthy, affordable menu choices. Provide enhanced opportunities to increase physical activity levels. Develop curriculum and supportive resources to promote Active Healthy Living.
Hoops For Health: Children and youth participate in shooting basketballs during intermission of Cape Breton Screaming Eagles Hockey games.

Partners: NS Heart and Stroke Foundation, Active Cape Breton Communities, CB-Victoria Regional School Board, Strait Regional School Board.
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Healthy Child Development, Health Services, Gender, Education
Principal approach taken: Developing Public Policy, Advocacy to Influence Public Policy, Public Education, Community Capacity Building, Research, Developing Partnerships/Collaboration, Creating Supportive Environments, Other: Programming.
Has initiative been evaluated? No

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NAME OF INITIATIVE: Youth Fitness Leaders Certification Program (YFL) (current)

Stakeholder name: Nova Scotia Fitness Association
Primary Focus of Activity/Risk Factor Addressed: Active Living and Other: Leadership development for youth
Primary target audience: Girls, Boys, Children, Youth

Mandate: To increase the physical activity levels of children and youth in Nova Scotia.

Description of program/initiative: The Youth Fitness Leadership certification course will provide youth between the ages of 15-17 with the skills and knowledge to lead a group of children and youth in energetic movement to music at schools, recreation centres, day camps, sport camps and other locations.

Partners: Nova Scotia Health Promotion and Protection, Department of Education. Local partners who are delivering the program to their groups are various municipalities, schools, Boys and Girls Clubs, YMCAs
Determinants of health addressed: Social Support Networks, Social Environments, Personal Health Practices and Coping Skills, Income and Social Status, Healthy Child Development, Gender, Education, Culture
Principal approach taken: Services for Individuals, Developing Partnerships/Collaboration, Creating Supportive Environments, Other: Young people capacity building
Has initiative been evaluated? No. Comments: Presently, we are hiring a consultant to help build an evaluation framework and refine existing tools so as to be prepared for a full evaluation in 2007/2008. The program has been in development/piloted for about 2 years and then implemented for about one year.

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Web site:	http://www.nsfa.info

PRINCE EDWARD ISLAND (15)

NAME OF INITIATIVE: Active Living Mascot Flash, the Fox, and Healthy Eating Mascot Munch, the Monster (planned)

Stakeholder name: PEI Healthy Eating Alliance/Active Living Alliance
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: Children

Mandate: To promote the importance of healthy eating and physical activity to children (4-8).

Description of program/initiative: Mascots promote healthy living by doing active story and healthy living song and movements.

Partners: Healthy Eating Alliance, Active Living Alliance, and Department of Health.
Determinants of health addressed: Healthy Child Development, Education
Principal approach taken: Public Education
Has initiatives been evaluated? No. Comments: Evaluated Breakfast Programs when they started (2001?).

Key contact information:
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NAME OF INITIATIVE: Eat Right! Stay Fit Healthy Living Song and DVD (current)

Stakeholder name: PEI Healthy Eating Alliance and Active Living Alliance
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: Children, Acadian/Francophone

Mandate: To teach children (age 4-8) about the importance of healthy eating and active living.

Description of program/initiative: Develop healthy living song and movements, lesson plan and provided to Kindergarten and grade 1 and 2 classes across PEI.

Partners: HEA, ALA, Department of Social Services, schools, Family Resource Centre, Early Childhood Centre.
Determinants of health addressed: Healthy Child Development, Education
Principal approach taken: Public Education, Developing Partnerships/Collaboration
Has initiative been evaluated? No

Key contact information:

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NAME OF INITIATIVE: Healthy Choices, Healthy Communities (current)

Stakeholder name: Department of Health
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: General Public, Youth, Children

Mandate: To support and encourage Acadian and Francophone Islanders to take measures to address the common risk factors that contribute to the development of chronic disease.

Description of program/initiative: A series of workshops presented information on active living, healthy eating and tobacco control. French resources were identified and secured for Community Health Centres.

Partners: Department of Health, La Société Saint-Thomas-d'Aquin, L'Association des femmes acadiennes et francophones de l'Î.-P.-É., La Federation des parents de l'Île-du-Prince-Édouard, Les francophones de l'age d'or de l'Île-du-Prince-Édouard
Determinants of health addressed: Personal Health Practices and Coping Skills, Healthy Child Development
Principal approach taken: Services for Individuals, Public Education, Community Capacity Building
Has initiative been evaluated? Yes. Comments: In progress.

Key contact information:

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NAME OF INITIATIVE: Healthy Eating Forums for the Public (current)

Stakeholder name: PEI Healthy Eating Alliance
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: General Public, Adults, Women/girls, Men/boys, Seniors, Youth, Children, Rural, Lower socio-economic status population

Mandate: Increase awareness of healthy eating through various topics.

Description of program/initiative: Healthy Eating public presentations, various topics (two per year), free of charge, 200+ people present.

Partners: not specified
Determinants of health addressed: Education
Principal approach taken: Public Education
Has initiative been evaluated? No.

Key contact information:

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NAME OF INITIATIVE: Healthy Eating Policies for Intermediate, Senior High and Pre-Schools (current; policy for pre-schools planned)

Stakeholder name: Healthy Eating Alliance
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Women/girls, Men/boys, Youth, Children, Acadian/Francophone

Mandate: Improve healthy eating opportunities at Schools and Pre-Schools.

Description of program/initiative: Work with school teams (teachers, students and parents) to develop action plans for their school and develop policy together. Work with early childhood education.

Partners: School boards schools, early childhood centre, Dept of Health/ Education
Determinants of health addressed: Social Environments, Personal Health Practices and Coping Skills, Healthy Child Development, Education
Principal approach taken: Developing Public Policy, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? No

Key contact information:
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NAME OF INITIATIVE: Healthy Eating Strategy For Island Children and Youth 2002-2005 (current; a new strategy is being finalized for 2006-2007)

Stakeholder name: PEI Healthy Eating Alliance
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Youth, Children

Mandate: Improve eating habits of Island children and youth.

Description of program/initiative: not specified

Partners: Dept of Health, Dept of Education
Determinants of health addressed: Social Environments, Personal Health Practices and Coping Skills, Healthy Child Development, Health Services, Education
Principal approach taken: Developing Public Policy, Public Education, Community Capacity Building, Research, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? No

Key contact information:

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NAME OF INITIATIVE: Healthy Eating Week (current)

Stakeholder name: PEI Healthy Eating Alliance
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: General Public, Adults, Women/girls, Men/boys, Seniors, Youth, Children, Rural, Lower socio-economic status population, Acadian/Francophone

Mandate: Promote healthy eating to Islanders

Description of program/initiative: Promote healthy eating through media, public presentations, launching an event, etc.

Partners: PEI Dietitians
Determinants of health addressed: Education
Principal approach taken: Public Education
Has initiative been evaluated? Yes.

Key contact information:

Name:	Mary Acorn
Title:	Coordinator, School Healthy Eating Policy
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Web site:	http://www.gov.pe.ca/peihea/index.php3?number=1006384

NAME OF INITIATIVE: Healthy Rink Initiative

Stakeholder name: PEI Recreation and Facilities Association
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: General Public

Mandate: The Healthy Rink Initiative is a project designed to ensure that rinks on PEI are fun and healthy for all Islanders.

Description of program/initiative: Three prong approach: 1 Healthy Food Choices; 2 Healthy Physical Infrastructure; 3 Healthy Social Environment.

Partners: Healthy Eating Alliance.
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments
Principal approach taken: Services for Individuals, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Comments: Uncertain.

Key contact information:

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NAME OF INITIATIVE: Nutrition Month (current)

Stakeholder name: Dietitians of Canada/PEI Healthy Eating Alliance
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: General Public, Women/girls, Men/boys, Youth

Mandate: Promote healthy eating and encourage people to make healthier choices.

Description of program/initiative: Varies each year. Check out www.dietitians.ca
This past month did a "Get caught!" Making Healthy Choices contest with schools.

Partners: PEI Dietitians.
Determinants of health addressed: Social Environments, Personal Health Practices and Coping Skills, Healthy Child Development, Education
Principal approach taken: Public Education
Has initiative been evaluated? Yes.

Key contact information:

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NAME OF INITIATIVE: PEI Active (current and planned)

Stakeholder name: PEI Active Living Alliance
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: General Public, Adults, Women/girls, Men/boys, Seniors, Youth, Children, Rural, At-risk Population, Lower socio-economic status population, Acadian/Francophone, Persons with Disabilities

Mandate: To encourage and enable all Prince Edward Islanders to have enhanced opportunities to increase their level of physical activity.

Description of program/initiative: PEI Active is a 4-year campaign designed to utilize a Social Marketing campaign and significant community capacity building to both increase the awareness of the necessity of being physically active, and to increase the opportunities for physical activity. There will be a focus on Community, School and Workplace at different stages of the campaign. The campaign was launched in February 2006, and is scheduled to run until March 2010. Partnerships have been created with a number of communities, Parks Canada and the provincial department responsible as well as private sector interests. A provincial Champion has been identified for the campaign, and as a component of the Community Capacity Building effort, communities are being encouraged to identify/select community champions.

Partners: Dept. of Community/Cultural Affairs, Parks Canada, Murphy's Pharmacies, Go for Green
Determinants of health addressed: Social Support Networks, Social Environments, Physical Environments, Personal Health Practices and Coping Skills, Income and Social Status, Healthy Child Development, Employment and Working Conditions, Education, Culture
Principal approach taken: Advocacy to Influence Public Policy, Services for Individuals, Small group sessions, Public Education, Community Capacity Building, Research, Creating Supportive Environments
Has initiative been evaluated? No

Key contact information:

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Title:	Executive Director
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NAME OF INITIATIVE: PEI Stepping Out Program (current)

Stakeholder name: PEI Active Living Alliance
Primary Focus of Activity/Risk Factor Addressed: Active Living
Primary target audience: Adults, Women/girls, Seniors, Youth, Children

Mandate: This program uses a pedometer as a motivational and feedback tool for participants to use to increase their physical activity level.

Description of program/initiative: Read and Walk – pedometers and Stepping Out information is available at community libraries. Stepping Out Schools/Community Program.
PEI Active – an umbrella for various physical programs of Active Living Alliance.

Partners: Dept. of Health, Active Living Alliance.
Determinants of health addressed: Personal Health Practices and Coping Skills, Healthy Child Development
Principal approach taken: Services for Individuals, Small group sessions, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Yes. Comments: Contact Active Living Alliance for historical data. Web site: don@peiactiveliving.com

Key contact information:

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NAME OF INITIATIVE: School Food Programs (Breakfast/Snack Programs) (current)

Stakeholder name: PEI Healthy Eating Alliance/Breakfast For Learning
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating, Other: Social Wellbeing
Primary target audience: Women/girls, Men/boys, Youth, Children, Rural, Lower socio-economic status population

Mandate: Ensure that all students attend school, well nourished and ready to learn.

Description of program/initiative: Breakfast/Snack programs are available to all students, regardless of background, free of charge. Programs provide nourishment, a safe welcoming environment, a time to socialize and some provide nutritional education.

Partners: Healthy Eating Alliance, Breakfast for Learning, Schools and School Boards and Department of Education
Determinants of health addressed: Social Environments, Personal Health Practices and Coping Skills, Income and Social Status, Healthy Child Development, Employment and Working Conditions, Education, Other (not specified)
Principal approach taken: Services for Individuals, Community Capacity Building, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? Comments: Evaluated Breakfast Programs when they started (2001?).

Key contact information:
Name: Charmaine Campbell
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NAME OF INITIATIVE: School Healthy Eating Policy for Elementary Schools (current)

Stakeholder name: PEI Healthy Eating Alliance
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Adults, Women/girls, Children, Acadian/Francophone

Mandate: To improve the eating habits of Island children, by improving the school environment.

Description of program/initiative: Worked with school boards and schools to develop school nutrition policies in elementary schools. Administration, teachers and parents were involved each step of the way by participating in network meetings.

Partners: All three school boards, Home and School, Departments of Health and Education
Determinants of health addressed: Physical Environments, Healthy Child Development, Education
Principal approach taken: Developing Public Policy, Small group sessions, Community Capacity Building, Research, Developing Partnerships/Collaboration, Creating Supportive Environments
Has initiative been evaluated? No. Comments: Applying for grant. Also, master's student is working on evaluating the process (Qualitative Research).

Key contact information:

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NAME OF INITIATIVE: School Healthy Eating Policy Working Group (current)

Stakeholder name: PEI Healthy Eating Alliance
Primary Focus of Activity/Risk Factor Addressed: Healthy Eating
Primary target audience: Youth, Children

Mandate: The school Healthy Eating Policy Project has worked with the three school boards/districts of PEI to develop school nutrition policies using a consultative process.

Description of program/initiative: The Healthy Eating Alliance works collaboratively to develop and implement a comprehensive, coordinated strategy which will encourage Island children and youth to enjoy, understand and benefit from healthy eating. The School Healthy Eating Policy Working Group works to develop policies to promote healthy eating in PEI school children.

Partners: Healthy Eating Alliance, UPEI, Department of Health, Department of Education, Eastern School District, Western School Board, Commission Scolaire de langue française.
Determinants of health addressed: Social Support Networks, Social Environments, Personal Health Practices and Coping Skills, Healthy Child Development
Principal approach taken: Developing Public Policy, Advocacy to Influence Public Policy, Developing Partnerships/Collaboration
Has initiative been evaluated? Comments: In progress.

Key contact information:

Name:	Mary Acorn
Title:	Coordinator, School Healthy Eating Policy
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NAME OF INITIATIVE: Signature Programs (current)

Stakeholder name: Canadian Diabetes Association – PEI Division
Primary Focus of Activity/Risk Factor Addressed: Both Active Living and Healthy Eating
Primary target audience: General Public, At-risk Population

Mandate: The Signature Program is a series of 5 presentations on topics related to diabetes or prevention of diabetes. The presentations were developed by the Canadian Diabetes Association and are delivered at the community level by trained volunteers.

Description of program/initiative: not specified

Partners: not specified
Determinants of health addressed: Personal Health Practices and Coping Skills, Education
Principal approach taken: Public Education
Has initiative been evaluated? Yes. Comments: Please contact key contact. Each presentation is evaluated.

Key contact information:

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APPENDIX I

SUMMARY OF RECOMMENDATIONS

For ease of reference, the recommendations are summarized here.

1. SUSTAINABLE FUNDING

- Increase efforts to provide sustainable funding in sufficient levels to those involved in the implementation and delivery of healthy eating and physical activity strategies/programs on a population-wide basis in order achieve the intended outcomes.
- Support building of the basic infrastructure to implement physical activity and healthy eating strategies, both in terms of human resources and financial and physical plant/facilities, as necessary. Particular needs include building sufficient infrastructure (equipment, spaces, and facilities) and increasing capacity (positions at the provincial and community levels) to support an increased focus on health promotion and wellness.

2. ACCESS TO AND PROMOTION OF PROGRAMS

- Encourage steps to improve the availability of programs so that all members of the population can access services regardless of geographic location, or other barriers. Provide assistance with promotion of the programs so that the population is aware of the services available.

3. STRATEGIC LEADERSHIP AND COORDINATION

- Provide leadership, direction, and support at multiple levels to ensure an integrated, coordinated approach. Alignment of efforts and strategic planning within the region will help identify areas for action best suited to PHAC Atlantic and to each key stakeholder. Some activities are costly and/or apply equally to all jurisdictions (e.g., social marketing campaigns) and perhaps provinces/healthy living alliances could benefit by working together with PHAC Atlantic to coordinate efforts in these areas. A vast number of initiatives are under way at the national, Atlantic-wide, provincial, regional, and local levels, and it is difficult to ensure stakeholders within the region are informed of developments in order to coordinate efforts, provide complementary services, and avoid duplication.

4. PARTNERSHIP

- Continue to support/enhance the partnership networks of the healthy eating and active living alliances in recognition of the potential impact of collaboration and the need

- for intersectoral approaches. Joint government-community/alliance partnership is critical to move the agenda forward.
- Build partnerships with other key sectors, particularly the food/agricultural industry, which have a contribution to make in promoting healthy eating and active living and which appear underrepresented in this scan. Seek out ways to address barriers and more fully engage existing partners where necessary.
- Strengthen the level of collaboration between diabetes initiatives and healthy eating/physical activity groups, as well as with initiatives related to other diseases with the same risk factors. Ensure funding allocation mechanisms support this approach.

5. TARGETED AREAS FOR ACTION

- Children and youth: Continue to focus on school-aged children and youth to help ensure the adoption of life-long healthy eating and active living practices.
- Food Security: Enhance efforts to ensure the availability of nutritious affordable food for low-income groups. The degree to which the reach of other programs extends to low-income and rural groups is also not clear, given the uneven accessibility of programs generally, and more work may be necessary to explore this sub-population, given the socio-economic status of the region as a whole.
- African-Canadian, ethno-cultural, and other communities: Examine need and opportunities for working with African-Canadian and other ethno-cultural communities in the promotion of healthy eating and physical activity. Build on initiatives such as the diversity and social inclusion initiative in primary health care as a model for action. Explore gaps in services targeted to particular sub-populations in various jurisdictions.
- Seniors: While more programs have targeted seniors, this is a population that will continue to need sustained focus, given the aging demographics of the region's population.
- The family: The family unit as a whole also merits attention since healthy eating and physical activity patterns are also influenced and shaped within the family context.

6. SUPPORTIVE POLICY AND PROGRAMS

- Continue efforts to address the risk factors of obesity, unhealthy eating and physical inactivity with the creation of supportive policy and program environments across multiple sectors. Continue to use a broad range of approaches to achieve outcomes.

7. EVIDENCE-BASED DECISION MAKING/KNOWLEDGE DEVELOPMENT AND EXCHANGE

- Ensure programs and initiatives have an evaluative component built into their work so as to provide the evidence needed for what works and what does not.

- Establish mechanisms for sharing information about programs offered in the region, research and evaluation results (in easy-to-use form), and best practices. Also explore other mechanisms to share information, network, and build partnerships on an Atlantic-wide basis so as to avoid duplication of effort. Consider establishment of a clearinghouse to maintain a body of literature – evaluation, research, programs, environmental scans, and the like that are relevant to the region.
- Assist in the development of links with the research community.

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